

AIA Iowa Student Affiliate Membership Application

Individuals who are a full-time undergraduate or graduate student of an accredited architecture school or a full-time student of a secondary school with academic participation in architectural coursework, within the state of Iowa are eligible to apply. To apply for membership, please submit this **completed application** along with a copy of your valid, **current student ID** or **proof of full-time student status**, and **transcript (official or unofficial)**.

PERSONAL INFORMATION										
Mr. Mrs. Ms.		M.I. Last								
PERMANENT Address			Apartment/Unit #							
City	State/Country			ZIP	ZIP					
Home Phone	Cell Phone									
Home E-mail				DOB	DOB					
SCHOOL INFORMATION										
School Name					College					
SCHOOL YEAR Address					Apartment/Unit #					
City	State/Country			ZIP	ZIP					
School E-mail										
Mailing Preference E-mail Preference										
Primary Address: Permanent OR School Primary E-mail: Permanent OR School Note: Contact information will be used for Chapter communications and included in our online directory at www.aiaiowa.org.										
ARCHITECTURE DEGREE										
Type of degree (e.g., BArch, MArch)		Expected/Graduation Da								
Type of degree (e.g., BArch, MArch)		Expected/Gradua			ation Date					
I am in the following year of school: \[\begin{array}{c c c c c c c c c c c c c c c c c c c										
AGREEMENT I am not licensed to practice architecture. I will notify AIA Iowa of any changes in my status. I affirm that the above information is true and verifiable. PROFESSIONAL INFORMATION										
Are you a member of?										
American Institute of Architecture Mbr. # Associated Student Chapters/A National Architecture Student	□ A □ S □ N	I was referred to join the AIA by AIAS chapter State chapter National advertisement/promotion Promotion Code AIA member								
Ethnicity (optional) Black or African American Asian White Hispanic or Latino American Indian or Alaska Na Native Hawaiian or Other Pac		☐ He ☐ Vi ☐ Ph	Special Needs (optional) Hearing impaired Visually impaired Physically impaired Other special needs:							

PAYMENT INFORMATION

State	\$ 25.00 FREE Dues Waived!!!									
TOTAL DUES	\$ 0.00									
☐ I have enclosed a copy of my valid, current student ID or proof of full-time student status , and unofficial transcript .										
Check enclosed (p	payable to: The American Institute of Architects)	Charge my: Visa	MasterCard	AmEx	Discover					
Card Number		Expiration Date								

Signature

Please return application to:

Name of Cardholder

American Institute of Architects, Iowa Chapter Attn: Vicki Scott 400 Locust St., Ste. 100 Des Moines, IA 50309 vscott@aiaiowa.org

Student Affiliate Dues

For questions contact:

Vicki Scott Office & Membership Coordinator 515.244.7502 vscott@aiaiowa.org