



# AIA Central Kentucky

A Chapter of The American Institute of Architects

## AIA Associate & Emerging Professional Grant Application for 2015

I, the undersigned, hereby apply for an Associate membership Grant or Emerging Professional Grant (indicate the one for which you are applying) in the American Institute of Architects-Central Kentucky Chapter (AIA/CKC):

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Office Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Office Fax: \_\_\_\_\_

e-mail: \_\_\_\_\_ Office ( ) Personal ( )

If you are not a current AIA member please fill out the appropriate attached membership application.

Why I deserve an Associate / Emerging Professional Grant: \_\_\_\_\_  
(Please write your response on a separate sheet of paper.)

Committee Placement: All grant recipients must be active on at least one of the following AIA/CKC committees. Please indicate your primary (1<sup>st</sup>) and secondary (2<sup>nd</sup>) preference (please note that there is no guarantee that you will get either your first or second choice).

- Trade Fair \_\_\_\_\_
- Programs \_\_\_\_\_
- IDP \_\_\_\_\_
- Website \_\_\_\_\_
- Continuing Education \_\_\_\_\_
- Membership \_\_\_\_\_
- House Tour \_\_\_\_\_
- Media \_\_\_\_\_

Additionally, all grant recipients will be required to help on the day of the Trade Fair and on the day of the House Tour.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please forward applications by mail or e-mail by December 31, 2014 to:

Mathew Triplett, AIA  
135 W Market St  
New Albany, Ind. 47150  
Cell: (502) 619-3750  
Email: matt.triplett@hhdesignbuild.com



New member

Former member \_\_\_\_\_  
Member ID

### 2015 Associate Membership Application

If you are new to the AIA, please join online at [www.aia.org/join](http://www.aia.org/join). If you are reinstating from previous membership, please proceed with completing this application.

PERSONAL INFORMATION			
Mr. Mrs. Ms.	First	M.I.	Last
Address			Apartment/Unit #
City		State/Country	ZIP
Home Phone		Home E-mail	
Home Fax	Cell Phone		DOB

COMPANY INFORMATION			
Company Name			Job Title
Address			Suite/Floor
City		State/Country	ZIP
Office Phone		Office E-mail	
Office Fax	Company Web Address		

Mailing Preference:  Home  Office

Primary Email:  Home  Office

Primary Phone:  Home  Office

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Periodically, AIA will make its mailing lists available to companies in the build and design industry. If you do not want your mailing address shared, please check here

### ASSOCIATE MEMBERSHIP ELIGIBILITY CRITERIA

Associate Membership Eligibility Requirement (you must meet one of the following to be eligible, however, please check all that apply)

- Professional Degree in architecture—traditional career. (Copy of degree required)
- Professional Degree in architecture—alternative career. (Copy of degree required)
- Intern - NCARB ID# \_\_\_\_\_ (NCARB ID# required)
- ARE candidate - NCARB ID# \_\_\_\_\_ (NCARB ID# required)
- I work under the supervision of an architect in a professional capacity. (Supervising architect information required)  
Architect Name \_\_\_\_\_ License State \_\_\_\_\_ License# \_\_\_\_\_
- I work under the supervision of an architect in a technical capacity. (Supervising architect information required)  
Architect Name \_\_\_\_\_ License State \_\_\_\_\_ License# \_\_\_\_\_
- I work as a faculty member in a university program in architecture—not licensed.

Degree Information		
Type of degree (e.g., BArch, MArch)	Year Received	School

### CHAPTER ASSIGNMENT

The AIA is a three-tiered organization requiring membership at the local, state, and national levels. Chapter affiliation is assigned by the zip code of your office or home address. To view a list of chapters, visit [www.aia.org/about/structure](http://www.aia.org/about/structure). If you need help determining your chapter assignment, contact AIA Information Central at 1 (800) 242-3837, option 2.

Assign me to the local AIA chapter \_\_\_\_\_ based on my:  Home address **OR**  Office address

### CODE OF ETHICS

AIA members agree to abide by the AIA Bylaws, the AIA Code of Ethics and Professional Conduct and agree to the Terms & Conditions for membership. To view the Code of Ethics, visit [www.aia.org/code\\_of\\_ethics](http://www.aia.org/code_of_ethics). To view the Terms & Conditions, visit [www.aia.org/terms\\_of\\_service](http://www.aia.org/terms_of_service).

I agree to abide by the Code of Ethics stated in the AIA Bylaws and Terms & Conditions \_\_\_\_\_  
Signature Date

**PROFESSIONAL INFORMATION**

**Type of firm/company with which you are currently employed**

- Architecture—sole practitioner
- Architecture firm
- Multidisciplinary design firm/architecture as lead
- Multidisciplinary design firm/architecture *not lead*
- Corporate business
- Government agency
- Construction
- Interior design
- Landscape
- Urban design
- University/college
- Library or association
- Other \_\_\_\_\_

**Primary role in firm/company**

- Principal/Partner
- Department head/Senior manager
- Architect
- Project manager
- Engineer
- Interior designer
- Graphic designer
- Construction administrator
- Specification writer
- CAD manager
- Architectural drafter
- Educator

**Are you a member of any of the following professional organizations?**

- GBCI LEED AP # \_\_\_\_\_
- USGBC National Member (Company)
- USGBC Local Member (Individual)

**Are you a previous member of?**

- American Institute of Architecture Students (AIAS)
- Associated Student Chapters/AIA (ASC/AIA)
- National Architecture Students Association (NASA)

**I was referred to join the AIA by**

- Local chapter
- State chapter
- National mail or email advertisement
- Promotion Code \_\_\_\_\_
- AIA member \_\_\_\_\_

**DEMOGRAPHIC INFORMATION (optional)**

**Ethnicity (optional)**

- Black or African American
- Asian
- White
- Hispanic or Latino
- American Indian or Alaska Native
- Native Hawaiian or Other Pacific Islander
- Two or More Races
- Decline to state

**Gender (optional)**

- Male
- Female
- Decline to state

**Special Accommodations (optional)**

- Hearing disability
- Visual disability
- Physical disability
- Other \_\_\_\_\_

The information gathered by the AIA is used solely for the purpose of fulfilling the AIA’s mandate to you. Personal information you provide to the AIA will be used for internal reporting purposes only to ensure we accurately reflect our membership demographics. Any personal information that you provide shall not, without your consent, be disclosed to third parties, except as permitted or required by law.

**MEMBERSHIP DUES**

To determine your state and local dues amounts, please contact AIA Information Central at 1 (800) 242-3837, option 2.

	Dues rates for 10/1/14 - 3/31/15		Dues rates for 4/1/15 - 6/30/15		Dues rates for 7/1/15 - 9/30/15
National	\$ 110.00	National	\$ 82.50	National	\$ 55.00
State	\$ 83.00	State	\$ 62.25	State	\$ 41.50
Local	\$ 35.00	Local	\$ 26.25	Local	\$ 17.50
<b>TOTAL DUES</b>	<b>\$ 228.00</b>	<b>TOTAL DUES</b>	<b>\$ 171.00</b>	<b>TOTAL DUES</b>	<b>\$ 114.00</b>

**PAYMENT**

Please submit full payment of your local, state and national dues. For payment plan information, please visit [www.aia.org/paybyinstallments](http://www.aia.org/paybyinstallments). Dues are not a tax-deductible donation, but may be eligible as a business expense deduction.

- Check (payable to The American Institute of Architects)    Credit Card Type:     Visa     MasterCard     American Express     Discover

Card Number

Expiration Date

Name of Cardholder

Signature

Date

Please let us know who pays your professional AIA membership dues:     Firm/company (full payment)     Firm/company (partial payment)     I pay them

**Please remit application and payment to:**

AIA Kentucky | P.O. Box 911128 | Lexington, KY 40591-1128  
E-mail to: [info@aia-ky.org](mailto:info@aia-ky.org) | Fax to: (859) 223-8202

**Publisher’s Statement**

ARCHITECT is the official magazine of the AIA. Your membership dues include a paid subscription to ARCHITECT magazine, at a value of \$29.50 for one year. You can choose to receive only the digital version of the magazine by selecting the “Digital version only” option in the *Mailing Preference* section of this application. Learn more at [www.aia.org/join](http://www.aia.org/join). Members can choose to have their print edition of ARCHITECT magazine sent to a different individual, such as a local school of architecture or library. Please contact us by phone at (800) 242-3837 (option 2) to facilitate donating your print edition of ARCHITECT magazine. You will begin receiving ARCHITECT magazine at your preferred address 6 to 8 weeks after your application is processed.



New member

Former member \_\_\_\_\_  
Member ID

### 2015 Architect Membership Application

Individuals with an architectural license from a U.S. licensing authority are eligible for Architect membership.

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City		State/Country	ZIP
Home Phone		Home E-mail	
Home Fax	Cell Phone		DOB

COMPANY INFORMATION			
Company Name			Job Title
Address			Suite/Floor
City		State/Country	ZIP
Office Phone		Office E-mail	
Office Fax	Company Web Address		

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Primary Phone:  Home  Office

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ARCHITECTURE DEGREE		
Type of degree	Month/Year Received	School

LICENSE INFORMATION			
Your license must be active to be eligible for Architect membership.			
State	Date Awarded	Expiration Date	License Number
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National	\$ 256.00	National	\$ 192.00	National	\$ 128.00
State	\$ 235.00	State	\$ 176.25	State	\$ 117.50
Local	\$ 60.00	Local	\$ 45.00	Local	\$ 30.00
<b>TOTAL DUES</b>	<b>\$ 551.00</b>	<b>TOTAL DUES</b>	<b>\$ 413.25</b>	<b>TOTAL DUES</b>	<b>\$ 275.50</b>

**PAYMENT**

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Card Number

Expiration Date

Name of Cardholder

Signature

Date

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