## Membership Application SARA

1)	Last Name	First		M.I	
	(Please Type)				
2)	Current, Professional Status:	artner/Principal 🔲 En	nployee $\square$ Academi	Other	
3)	Information for Society Records.				
	Firm Name				
	Address				
	City/State/Zip				
	one/Fax No. (include area code)				
	E-Mail Address Home Page URL				
4)	Primary Architectural Registration		62		
			Date of Registration	3	
5)	Other Architectural Registrations:	States			
6)	Project Types:				
	7) Education:				
8) Current Membership in Other Professional Organizations:					
9)	Spouse's Name:				
10) Professional Membership Rate - All Registered Architects: \$270.00  \text{(Includes all rights and privileges of Membership)}					
11) SARA Special Introductory Membership for One Year - All Registered Architects: \$150.00  \text{(Limited rights and privileges of Membership)}					
12) Associate Membership - Non-Registered Architects: \$78.00					
Sig	nature of Applicant			Date	
Re	ferred By:				
Payment Method:					
	Charge By:				
Credit Card Number: Expiration Date:					
Sig	gnature:(Not valid unless signed)				