Professional Membership Application

SARA

Please mail or fax completed application with payment to:
Society of American Registered Architects
Attention: Cathie Moscato
14 East 38th Street - 11th Floor
New York, NY 10016
Phone and Fax: (888) 385-7272
www.sara-national .org

1) **Last Name** _____ **First** _____ **M.I.** _____
(Please Type)

Mandatory to Affix Primary Registration Seal Imprint Here

2) **Current, Professional Status:** ☐ Partner/Principal ☐ Employee ☐ Academic ☐ Other

3) **Information for Society Records.**

Firm Name _____

Address _____

City/State/Zip _____

Phone/Fax No. (include area code) _____

E-Mail Address _____

Home Page URL _____

4) **Primary Architectural Registration:** _____
State Date of Registration Registration Number

5) **Education:** _____

6) **Current Membership in Other Professional Organizations:** _____

_____

7) **Spouse's Name:** _____

8) **Professional Membership Rate - All Registered Architects: $270.00** ☐
(Includes all rights and privileges of Membership)

9) **SARA Special Introductory Membership for One Year - All Registered Architects: $120.00** ☐
(Limited rights and privileges of Membership)

10) **Associate Membership - Non-Registered Architects: $78.00** ☐

_____
Signature of Applicant Date

Referred By: _____

Payment Method: ☐ Check (Make payable to the Society of American Registered Architects)

Charge By: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Credit Card Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Expiration Date: ☐☐☐☐

Signature: _____
(Not valid unless signed)