



Student Membership Application

Personal Information

Name Mr. Mrs. Ms. Miss

University Name

Permanent Address

City State Zip

School Address

City State Zip

Primary Phone Email

Expected Degree Date

Address to be used for mailings: Permanent School

Membership Agreement

Check all that apply:

- I declare that I am a student at an accredited school of architecture and that the information I have provided is accurate and complete. As a member, I understand that I will be subject to duties, obligations, and responsibilities set forth in the relevant portions of the Texas Society of Architects Bylaws, Rules of the Board, Code of Ethics, and Professional Conduct, and policies of Texas Society of Architects.
- I would like to receive *Texas Architect* magazine as part of my membership.

Signature _____ Date _____

Please return form to

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