



# 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

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

**Jennifer Hicks**

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tel 512 478 7386

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