

Professional

Membership Application



SARA

Please mail or e-mail completed application with payment to:

Attention: SARA PA Council
860 1st Ave, Suite 9A, King of Prussia, PA 19406
Phone: (610) 337-4555
sara.pa.council@gmail.com
www.sarapa.org

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

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) Other Architectural Registrations: _____
States _____

6) Project Types: _____

7) Education: _____

8) Current Membership in Other Professional Organizations: _____

9) Professional Membership Rate - All Registered Architects: \$325.00
(Includes all rights and privileges of Membership)

10) SARA Special Introductory Membership for One Year - All Registered Architects: \$175.00
(Limited rights and privileges of Membership)

12) Associate Membership - Non-Registered Architects: \$100.00

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:

CVV Security Code: Billing Zip Code:

Signature: _____
(Not valid unless signed)