



Date _____

2012 Architect Membership Elevation Form

Individuals with an architectural license from a U.S. licensing authority are eligible for Architect membership.

Member ID _____

Home Address

Mr. Mrs. Ms.	First name	M.I.	Last name	
Home address			Apartment number	
City		State	ZIP	Country
Home phone		Home fax	Cell phone	
Date of birth		Home e-mail		

*Your birth date enables the AIA Trust to issue new architect members a \$15,000 life insurance policy premium free for one year.

Company Address

Company name/acronym		Job title		
Company address			Suite/floor number	
City		State	ZIP	Country
Office phone	Office fax	Office-mail	Company Web address	

Mailing Preference

Primary Address: Home OR Office

Check here to receive the digital version only of ARCHITECT magazine:

I do not wish to be listed in any membership list sold by the AIA to third parties:

Ethnicity (optional)

- African American
- Asian/Pacific Islander
- Caucasian
- Hispanic
- American Indian/Alaskan Native
- Subcontinental Asian
- Other _____

CES Requirements

Each calendar year architects must have 18 AIA/CES learning-unit hours, of which at least eight are required for health, safety, and welfare (HSW) credit.

Questions? Call CES Member Support at 800-3242-3837, option 3 or visit www.aia.org/conted

Are you a member of any of the following professional organizations?

- GBCI LEED AP # _____
- USGBC National Member (Company)
- USGBC Local Member (Individual)

The information gathered by the AIA is used solely for the purpose of fulfilling the AIA's mandate to you. Personal information you provide to the AIA shall not, without your consent, be disclosed to third parties, except as permitted or required by law.

Degree Information

Architecture degree (To avoid processing delays, you must include a copy of your diploma[s] or transcript[s].)

Type of degree (e.g. BArch, MArch)

Year received

School

License Information

Please indicate the state in which you are licensed to practice (To avoid processing delays, you must include a copy of your current license)

State

Initial year of licensure

State

Initial year of licensure

Type of firm/company you are currently employed

- Architecture—sole practitioner
- Architecture firm
- Multi-disciplinary design firm/architecture as lead
- Multi-disciplinary design firm/architecture not lead
- Construction
- Corporate Business
- Government agency

- Interior design
- Landscape
- Urban design
- University/college
- Library or association
- Other _____

Primary role in firm/company

- Principal/partner
- Architect
- Project manager
- Engineer
- Interior designer
- Graphic designer

- Construction administrator
- Specification writer
- CAD manager
- Architectural drafter
- Other _____

Payment Information

Submit full payment of your local, state, and national membership dues. Payment plans are available visit www.aia.org/paybyinstallments for more information. Dues are not a tax-deductible donation but may be eligible as a business expense deduction.

Check enclosed (payable to: *The American Institute of Architects*)

Credit Card: Visa MasterCard American Express Discover

Card number

Expiration date

Cardholder

Signature

Please return by mail, fax or email to:

The American Institute of Architects
P.O. Box 64185
Baltimore, MD 21264-4185
Fax: (202) 626-7547 | Email: memberservices@aia.org