The American Institute of Architects

Date _____

Member ID _____

2016 Associate to Architect Form

Please indicate the jurisdiction in which you are licensed to practice in the United States (To avoid processing delays, you must include a copy of your current U.S. license.). Upon verification of your active U.S. license, your membership type will be changed to Architect.

Personal Information

	First	M.I.	Last
Address			Apartment/Unit #
City	State/Country		ZIP
Home Phone	Home E-mail		
Home Fax	Cell Phone		DOB*

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

Company Information

Company Name		Job Title
Address		Suite/Floor
City	State/Country	ZIP
Office Phone	Office E-mail	
Office Fax	Company Web Address	

Mailing Preference: ◯ Home ◯ Office **Primary Email:** ◯ Home ◯ Office **Primary Phone:** ◯ Home ◯ Office

License Information

Your license must be active at the time of submission of this form.

State	Date Awarded	Expiration Date	License Number
State	Date Awarded	Expiration Date	License Number

An Associate member that changes to Architect status is not liable for Architect dues until the following renewal year.

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

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

Type of firm/company with which you are currently employed:

☐ Architecture – sole practitioner
☐ Architecture firm
☐ Multidisciplinary design firm/architecture as lead
☐ Multidisciplinary design firm/architecture *not lead*
☐ Corporate business
☐ Government agency
☐ Construction
☐ 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 _____

Please return by mail, fax, or e-mail: The American Institute of Architects, P.O. Box 64185, Baltimore, MD 21264-4185
E-mail to: memberservices@aia.org | Fax to: (202) 626-7547