



Date \_\_\_\_\_

Member ID \_\_\_\_\_

# Membership Upgrade Form

## Personal Information *Please print clearly.*

Mr.  Mrs.  Ms. First name \_\_\_\_\_ Middle name \_\_\_\_\_ Last name \_\_\_\_\_

Home address \_\_\_\_\_ Apartment number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Home phone \_\_\_\_\_ Home fax \_\_\_\_\_

Date of birth \_\_\_\_\_ Home e-mail \_\_\_\_\_

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

Company name /Company acronym \_\_\_\_\_ Job title \_\_\_\_\_

Company address \_\_\_\_\_ Suite/floor number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Company phone \_\_\_\_\_ Company fax \_\_\_\_\_ Company e-mail \_\_\_\_\_ Company Web address \_\_\_\_\_

### Preferred address *(check one)*

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

## Architect Qualification Information

### State in which you are licensed to practice *(provide a copy of each license)*

State \_\_\_\_\_ Initial year of licensure \_\_\_\_\_

#### Primary role in firm/company

- Principal/partner
- Architect
- Project manager
- Engineer
- Interior designer
- Graphic designer
- Construction administrator
- Specification writer
- CAD manager
- Architectural drafter
- Other \_\_\_\_\_

#### Ethnicity *(optional)*

- African American
- Asian/Pacific Islander
- Caucasian
- Latino
- American Indian/Alaskan Native
- Subcontinental Asian
- Other \_\_\_\_\_

#### Type of firm/company you are currently employed

- Architecture —sole practitioner
- Architecture firm
- Corporate business
- Government agency
- Construction
- Multi-disciplinary design firm/architecture as lead
- Multi-disciplinary design firm/architecture *not lead*
- Other \_\_\_\_\_
- Interior design
- Landscape
- Urban design
- University/college
- Library or association

## Emeritus Qualification Information

Emeritus membership is open to AIA Architect or Associate members whose membership has been in good standing for 15 successive years.

### Check all that apply:

I am:

- at least 70 years of age
- at least 60 years of age and have retired from the architecture profession  
If 60 and working, in which industry are you currently employed?  
\_\_\_\_\_
- incapacitated and unable to work in the architecture profession  
(include letter of explanation)

**Personal Information**

Please print clearly.

Mr./Mrs./Ms.	First Name	Middle Initial	Last Name
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**Emeritus Publication Options**

Please check below if you are interested in receiving any of the following optional services.

- |  |          |          |          |
|--|----------|----------|----------|
| <input type="checkbox"/> National Mail Subscriber          | 2008 Fee | \$48.00  | \$ _____ |
| <input type="checkbox"/> National Lifetime Mail Subscriber | 2008 Fee | \$525.00 | \$ _____ |

Check with your state and/or local component for their subscriptions and fees.

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**Architect Continuing Education**

**CES Requirements**

Each calendar year architects must acquire eighteen AIA/CES learning-unit hours of which at least eight learning units are required in the area of Health, Safety and Welfare (HSW). Questions? Call the CES Registrar at 202-626-7436 or visit [www.aia.org/conted](http://www.aia.org/conted).

Emeritus members are not required to fulfill the AIA/CES requirement to retain membership.

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**Method of Payment**

- Check enclosed (payable to the American Institute of Architects)
- Charge my:     Visa             MasterCard             AmEx

\_\_\_\_\_

Card number

\_\_\_\_\_

Expiration date

\_\_\_\_\_

Cardholder

\_\_\_\_\_

Signature

**Return to:** The American Institute of Architects  
P.O. Box 64185,  
Baltimore, MD 21264-4185  
Fax: 202-626-7547

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*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.*