

# Membership Upgrade Form

**Personal Information** *(Print your name clearly as you want it to appear on your membership certificate and card.)*

|               |            |             |                  |         |
|---------------|------------|-------------|------------------|---------|
| 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 name/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)*

Mail (for print materials including *Architectural Record*):       Home      OR       Office

E-mail (for correspondence):       Home      OR       Office

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 the CES Registrar, 202-626-7436, or visit [www.aia.org/conted](http://www.aia.org/conted).

**Personal Information** (Please print clearly.)

Mr. Mrs. Ms. First name M.I. Last name

**Architect Upgrade Only**

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

Type of degree (e.g. BArch, March) year received School

**States in which you are licensed to practice** (To avoid processing delays, your application 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 \_\_\_\_\_

**Emeritus Upgrade Only**

Emeritus membership is open to AIA architect or associate members whose membership has been in good standing for 15 successive years and one of the following.

Check all that apply.

- I am at least 70 years of age. DOB \_\_\_\_\_.
- I am incapacitated and unable to work in the architecture profession (include letter of explanation).
- I am at least 60 years of age and have retired from the architecture profession. DOB \_\_\_\_\_.
- I am 60 and working. I am employed in the \_\_\_\_\_ industry.

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

**Emeritus Publication Options**

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

- National Mail Subscriber 2010 fee \$49.00 \$ \_\_\_\_\_
- National Lifetime Mail Subscriber 2010 fee \$525.00 \$ \_\_\_\_\_

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

**Publisher's statement**

National dues include a \$36.53 subscription cost for *Architectural Record*. This statement is made for auditing purposes only. Subscription costs are *not* deductible from membership dues.

You will begin receiving *Architectural Record* at your preferred address 6 to 8 weeks after your application is processed.

**Method of Payment**

Submit full payment of your local, state, and national membership dues. 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) 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 to 202-626-7547  
E-mail to MemberServices@aia.org