



# Membership Category Upgrade Form

## Personal Information

Please print clearly.

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

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Date of Birth\*      Job Title

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States in which you are licensed to practice (you must provide a copy of each license)      Year of Licensure

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Company/Firm Name      Company Acronym

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Office Address (include suite number)      City      State      ZIP

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Home Address (include apt. number)      City      State      ZIP

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Main Company Phone      Company Web Site

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Direct Office Phone      Extension      Fax      Office E-mail

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Home Phone      Home E-mail

**Preferred Address:** (check one)       Office       Home

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

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

## Member Information

Please check all that apply.

Primary role in firm/company	Type of firm/company you are currently employed	Ethnicity (optional)
<input type="checkbox"/> Principal/partner	<input type="checkbox"/> Architecture — sole practitioner	<input type="checkbox"/> African American
<input type="checkbox"/> Department head/senior manager	<input type="checkbox"/> Architecture firm	<input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/> Architect	<input type="checkbox"/> Multi-disciplinary design firm/architecture as lead	<input type="checkbox"/> Caucasian
<input type="checkbox"/> Project manager	<input type="checkbox"/> Multi-disciplinary design firm/architecture <i>not lead</i>	<input type="checkbox"/> Latino(a)
<input type="checkbox"/> Engineer	<input type="checkbox"/> Corporate business	<input type="checkbox"/> American Indian/Alaskan Native
<input type="checkbox"/> Interior designer	<input type="checkbox"/> Government agency	<input type="checkbox"/> Subcontinental Asian
<input type="checkbox"/> Graphic designer	<input type="checkbox"/> Construction	<input type="checkbox"/> Other _____
<input type="checkbox"/> Construction administrator	<input type="checkbox"/> Interior design	
<input type="checkbox"/> Specification writer	<input type="checkbox"/> Landscape	
<input type="checkbox"/> CAD manager	<input type="checkbox"/> Urban design	
<input type="checkbox"/> Architectural drafter	<input type="checkbox"/> University/college	
	<input type="checkbox"/> Library or association	
	<input type="checkbox"/> Other _____	

## Membership Categories

### Architect Members

AIA membership is open to architects who are currently licensed to practice architecture in the United States. A copy of your current license is required to process your membership.

### Emeritus

Emeritus membership is open to architects who have been AIA members for 15 successive years and are 60 years of age and fully retired or 70 years of age, or are incapacitated and unable to work in the profession.

**The AIA is a three-tiered organization. Membership is required at the local, state, and national levels.** Local component affiliation is assigned by zip code based on an individual's office or home address.

Please assign me to the local AIA component based on my       Office address       Home address

I want to upgrade my membership category to       Architect member       Emeritus member

AIA members agree to abide by the AIA bylaws and the AIA Code of Ethics and Professional Conduct. New architect members are required to meet continuing education requirements starting in their second year of membership.

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

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.