

Date	
Member ID	

☐ Other _____

2017 Associate to Architect Form

Please indicate the jurisdiction Upon verification of your active					rocessing delays	s, you	must include a copy of your current U.S. license.)		
Personal Information									
	First		M.I. Last						
Address						Apartment/Unit #			
City			State/Country			ZIP			
Home Phone			Home E-mail						
Home Fax C			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	n								
Company Name				Job Title					
Address						Suite/Floor			
City			State/Country			ZIP			
Office Phone			Office E-mail						
Office Fax			Company Web Address						
Mailing Preference: ☐ Hom	ne 🔲 Office	Primary	r Email: ☐ Home	e ☐ Office	÷	Pri	imary Phone:		
License Information									
Your license must be active a	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 ch	nanges to Architect status i	s not liable for A	rchitect dues until	the follow	ng renewal year	r.			
Are you a member of any of t	the following professional o	rganizations? □ USGBC	National Member	(Company) USGBC L	ocal M	lember (Individual)		
Type of firm/company with currently employed:	which you are								
☐ Architecture – sole practit				lesign [Project manager		
☐ Architecture firm		☐ Landscap					•		
☐ Multidisciplinary design firm/architecture ☐ Urban de			•				•		
as lead University			, ,				. •		
☐ Multidisciplinary design firm/architecture ☐ Library or									
not lead Other							·		
☐ Corporate business		_							
☐ Government agency ☐ Principal/			/partner				Architectural drafter		

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

☐ Architect

☐ Construction