



THE
AMERICAN
INSTITUTE
OF
ARCHITECTS

1735 New York Avenue, N.W.
Washington, D.C. 20006
Telephone: (202) 626-7300
Cable Address: AMINARCH
Telex: 710822 1112

February 19, 1985

Mr. Dean A. Biancavilla, Associate Member
The American Institute of Architects
105 Linwill Terrace, Apt. 1
Syracuse, NY 13206

Dear Mr. Biancavilla:

On behalf of the Board of Directors of The American Institute of Architects, I am pleased to welcome you as an associate member of the Institute.

Your membership certificate, AIA pin and new member packet will be sent to you shortly, and you have been assigned to the Central New York Chapter and New York State Association of Architects of the AIA, effective this date.

Membership in the AIA is an opportunity for each of us to grow individually while participating in the development of policies and programs to strengthen the profession of architecture and improve the climate for practice. I urge you to take an active part in your Chapter's activities and the programs it offers, particularly in the areas of professional development, community action programs, and design issues.

Louis L. Marines, Executive Vice-President, and the other members of the national staff join me in extending you a warm welcome. All of us are available to assist you in achieving full measure of benefit from AIA. Please feel free to call upon us.

Sincerely yours,


R. Bruce Patty, FAIA
President

cc: Central New York Chapter, AIA
New York State Association of Architects, AIA



THE AMERICAN
INSTITUTE OF
ARCHITECTS

20245155

RECEIVED SEP 25 1984

N

APPLICATION FOR ASSOCIATE MEMBERSHIP

(Fill out all parts of this form; read instructions on reverse side carefully.)

#2

Mr. Mrs.
1. Ms. Miss NAME Dean A. Biancavilla DATE OF BIRTH 4-15-55

ADDRESS Residence 105 Linwill Terrace, Apt. 1 Orondaga 315 437-4058
STREET COUNTY PHONE
Syracuse New York 13206
CITY STATE ZIP CODE

Employer's Name and Business King & King, Architects

Employer's Address One Washington Place Orondaga 315 682-6180
STREET COUNTY PHONE
Manlius New York 13104
CITY STATE ZIP CODE

MY POSITION IN FIRM Intern Architect from 4/84 to _____

FOR MAILINGS Please use my business residence

My primary field of employment is: Architectural, Architectural-Engineering Firm or Private Practice Commercial/Industrial/Institutional
Contractor or Builder Government Education Other (please specify) _____

2. Please state whether your work constitutes credit towards architectural registration: YES NO Please state whether you work under the supervision of a licensed architect: YES NO Please state whether you intend to become licensed to practice architecture: YES NO

3. I am not licensed or registered to practice architecture in any state, the District of Columbia, or any territory of the United States.

4. I attended college and universities as follows:

NAME	LOCATION	NO. OF YEARS	YR. OF GRADUATION	DEGREE
<u>Pensacola Jr. College</u>	<u>Pensacola, Florida</u>	<u>3</u>	<u>(part-time)</u>	
<u>New York Inst. of Technology</u>	<u>Old Westbury L.I.</u>	<u>5</u>	<u>5/84</u>	<u>B.Arch.</u>
	<u>New York</u>			

5. I have been an Associate Member of the AIA: YES NO If "YES" give:

CHAPTER	DATES OF MEMBERSHIP	REASON FOR TERMINATION
		<u>10-234</u>

6. I am applying for Associate Membership in the American Institute of Architects, and assignment to the Central New York Chapter of the AIA, and understand that upon acceptance, I will also be enrolled as an associate member of the state organization.

7. AIA's Affirmative Action Programs require that we identify women and Federally defined minorities. Please check appropriate designation.
 White Black Hispanic Indian/Eskimo/Aleut Asian/Pacific Islander Female Other

8. Two AIA Members in good standing and who reside in the same general area as the applicant are required as Sponsors. Sponsors must sign this application and be available for personal contact by the Chapter.

DAVID L. McFARLAND
682-6180 NAME AND PHONE OF SPONSOR AIA, and member of C.N.Y. Local Chapt. Chapter David L. McFarland SIGNATURE OF SPONSOR

STEPHEN L. MELNICK
682-6180 NAME AND PHONE OF SPONSOR AIA, and member of C.N.Y. Local Chapt. Chapter Stephen L. Melnick, Jr. SIGNATURE OF SPONSOR

9. I enclose my check for the admission fee and the first year's dues, of which \$16.00 is for a year's subscription to ARCHITECTURE, the AIA Journal. I understand that if I am not admitted to membership, the dues will be returned to me, and the admission fee retained by the AIA as an examination fee.

10. I declare that the above information is accurate and complete. I am aware of the statement of Ethical Principles published by the Institute as a voluntary guide for professional performance and behavior. I understand that, as an associate, I will be subject to the duties, obligations and responsibilities as set forth in the relevant provisions of the AIA Bylaws, Rules of the Board and policies of the Institute.

DATE Sept. 17, 1984 SIGNATURE OF APPLICANT Dean A. Biancavilla

11. RECOMMENDATION OF CHAPTER ON APPLICATION

The Executive Committee of the CENTRAL NEW YORK Chapter, AIA, recommends acceptance of this applicant for Associate Membership. (If acceptance is not recommended please attach a statement setting forth reasons why the applicant does not meet the qualifications set forth in the AIA Bylaws.)

Donald W. Strong, Secretary (Signature - must be of Chapter President or Secretary) Dec. 3, 1984 (Date)

(See reverse side for new mailing address of application)



THE AMERICAN
INSTITUTE OF
ARCHITECTS

RECEIVED SEP 25 1984

8864
35

APPLICATION FOR ASSOCIATE MEMBERSHIP

(Fill out all parts of this form; read instructions on reverse side carefully.)

Mr. Mrs.
1. Mr. Miss NAME Dean A. Biancavilla DATE OF BIRTH 4-15-55

ADDRESS Residence 105 Linwill Terrace, Apt. 1 Onondaga 315 437-4058
STREET COUNTY PHONE
Syracuse New York 13206
CITY STATE ZIP CODE

Employer's Name and Business King & King, Architects

Employer's Address One Washington Place Onondaga 315 682-6180
STREET COUNTY PHONE
Manlius New York 13104
CITY STATE ZIP CODE

MY POSITION IN FIRM Intern Architect from 4/84 to _____
 residence Practice Commercial/Industrial/Institutional

King & King Architects
1 MONY PLAZA
SYRACUSE, NEW YORK 13202

CHECK DATE
12/30/84

PROTECTION
\$ 35.00

50-413
213

NO. 8864

PAY TO THE ORDER OF

AMER. INST. OF ARCHITECTS
P.O. BOX 57029
WASHINGTON, DC 20037

PAY THE SUM OF
\$ 35.00
KING & KING ARCHITECTS

[Handwritten Signature]

THE BANK OF NEW YORK
CENTRAL REGION
443 SOUTH WARREN STREET
SYRACUSE, N.Y. 13202

⑆021304138⑆ 273⑈81446⑈0⑈

RE: D. BIANCAVILLA

Application and fee of DAVID L. McFARLAND AIA, and member of G.N.Y. Local Chapter Chapter _____ SIGNATURE OF SPONSOR _____
NAME AND PHONE OF SPONSOR 682-6180 CHAPTER
STEPHEN L. MELNICK AIA, and member of G.N.Y. Local Chapt. Chapter _____ SIGNATURE OF SPONSOR Stephen L. Melnick, Jr.
NAME AND PHONE OF SPONSOR 682-6180 CHAPTER

9. I enclose my check for the admission fee and the first year's dues, of which \$16.00 is for a year's subscription to ARCHITECTURE, the AIA Journal. I understand that if I am not admitted to membership, the dues will be returned to me, and the admission fee retained by the AIA as an examination fee.

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DATE Sept. 17, 1984 SIGNATURE OF APPLICANT Dean A. Biancavilla

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Donald W. Strong, Secretary (Signature - must be of Chapter President or Secretary) Dec. 3, 1984 (Date)

(See reverse side for new mailing address of applicant)



December 18, 1989

Membership ID: 20245155

Dean A Biancavilla AIA
401 Village Blvd N
Baldwinsville, NY 13027

Dear Mr. Biancavilla:

We are pleased to inform you that your application for AIA membership in the American Institute of Architects has been approved and your status has been advanced from associate to AIA member.

You will continue to be assigned to the Central New York Chapter of the AIA. Enclosed is your AIA pin and new member packet. A sheet of AIA emblems which may be used when printing stationery and business cards is also enclosed. Please review the guidelines for use on the emblem sheet. Your membership card is being sent under separate cover and should be arriving in the next two to three weeks. You will be receiving your membership certificate in approximately eight weeks.

It is a pleasure to welcome you to AIA membership. Your continuing interest, support, and participation in Institute activities at all levels of the organization are important to you personally and to our success in representing the over 50,000 architectural professionals who now comprise the AIA. We are counting on you.

Yours for better architecture and architects,

A handwritten signature in cursive script, appearing to read "Ben Brewer Jr.", written in dark ink.

Benjamin E. Brewer, Jr., FAIA
President

cc: Central New York Chapter, AIA
New York State Assoc AIA

1735 NEW YORK AVENUE, N.W. • WASHINGTON, D.C. 20006 • (202) 626-7300



26245155

©

ADVANCEMENT FORM

(For use only by present associate members of the AIA)

AWN

1. Mr. Mrs. Ms. Miss Name Dean Alan Biancavilla Date of Birth 4/15/55

Spouse's Name ---

2. Address Residence 401 Village Blvd. N. Onondaga Phone 638-8143
STREET COUNTY
Baldwinsville New York 13027
CITY STATE ZIP

Firm or Organization Name Sargent-Webster-Crenshaw & Folley, Architects & Engineers

Your Title (please be specific) Project Manager
2112 Erie Boulevard, East Onondaga Phone 472-3361
STREET COUNTY
Syracuse New York 13224
CITY STATE ZIP

FOR MAILINGS, please use my Business Residence address.

- 3. I am presently an associate member of The American Institute of Architects and am assigned to the Central New York Chapter.
- 4. I am applying for full membership in The American Institute of Architects and the Central New York Chapter and understand that upon acceptance I will also be enrolled as a member of the state organization.
- 5. I am a legal resident of the United States and am licensed to practice architecture in the following states/territories (include year first registered in each):
New York State

(Please attach copy of current registration certificate in one state/territory.)

6. PRIMARY PROFESSIONAL ACTIVITY—Please check only ONE category to indicate your primary professional field of employment (numbered by BPA standards).

- 1 Architectural, Architectural-Engineering Firm or Architect or Architect-Engineer in Private Practice 2 Consulting Engineering Firm or Engineer in Private Practice
- 3 Design Firm (a. Architectural; b. Interior; c. Landscape; d. Other) 4 Contractor or Builder 5 Government
- 6 Commercial/Industrial/Institutional (including manufacturers, stores, hotels, restaurants, transportation companies, utilities, institutions, hospitals, churches, banks, savings & loans, mortgage companies, realty companies, developers, insurance companies, and shopping centers) 7 University, College, or School (a. Academic, Personnel, or Library; b. Student) 8 Public Library, Professional Club, Society, or Trade Association

7. The AIA's affirmative action programs require that we identify women and federally defined minorities. Please check appropriate designation.
 White Black Hispanic Indian/Eskimo/Aleut Asian/Pacific Islander Female Other _____

8. I declare that the above information is accurate and complete. I understand that, as a member, I will be subject to the duties, obligations, and responsibilities set forth in the relevant portions of the AIA Bylaws, Rules of the Board, Code of Ethics and Professional Conduct, and policies of the Institute.

Dean Alan Biancavilla
APPLICANT'S SIGNATURE

20 OCT '89
DATE

Forward application to your chapter for completion of Step 9.

9. RECOMMENDATION OF CHAPTER ON APPLICATION—The Executive Committee of the Central New York Chapter/AIA recommends advancement of this applicant to full membership. (If acceptance is not recommended, please attach a statement setting forth reasons why the applicant does not meet the qualifications set forth in the AIA Bylaws.)

Richard Helferty
AUTHORIZED CHAPTER SIGNATURE

14 Nov 89
DATE

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READ INSTRUCTIONS

ON REVERSE SIDE

CUT OFF THIS STRIP

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The University of the State of New York

THIS IS TO CERTIFY THAT QUALIFICATIONS FOR PROFESSIONAL PRACTICE IN NEW YORK STATE HAVING BEEN APPROVED

THE STATE EDUCATION DEPARTMENT

HAS REGISTERED 1563415

BIANCAVILLA DEAN ALAN
401 VILLAGE BLVD N
BALDWINVILLE NY 13027-0000

FOR PRACTICE IN NEW YORK STATE AS A (N)



08/31/90

REGISTRATION PERIOD ENDS

020215-1

LICENSE NO.

SIGNATURE OF REGISTRANT

COMMISSIONER OF EDUCATION

REGISTRATION CERTIFICATE --- NOT A LICENSE

READ INSTRUCTIONS



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CUT OFF THIS STRIP