

☐ Government agency

☐ Construction

Date	
Member ID	

☐ Architectural drafter

☐ Other ___

2018 Associate to Architect Form

Please indicate the jurisdictic Upon verification of your active					rocessing delays, y	ou must include a copy of your current U.S. license.	
Personal Information	ı						
	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 arch	itect members	a \$15,000 life insu	rance polic	cy premium free for	r one year.	
Company Information	n						
Company Name				Job Title			
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City	State/Country			ZIP			
Office Phone			Office E-mail				
Office Fax			Company Web Address				
Mailing Preference: ☐ Hom	ne 🗌 Office	Primar	y Email: ☐ Home	☐ Office	e	Primary Phone: Home Office	
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 is	not liable for A	Architect dues until	the followi	ing renewal year.		
Are you a member of any of			National Member	(Company	r) □ USGBC Loc	al Member (Individual)	
Type of firm/company with currently employed:	which you are						
☐ Architecture – sole practit	ioner	lesign [☐ Project manager		
☐ Architecture firm ☐ Landscap						Engineer	
☐ Multidisciplinary design firm/architecture ☐ Urban de		•			Interior designer		
as lead University		_			Graphic designer		
· · · · · · · · · · · · · · · · · · ·		_			Construction administrator		
not lead Other_ Corporate business Primary role					☐ Specification writer ☐ CAD manager		

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

☐ Principal/partner

☐ Architect