



# Membership Category Upgrade Form

## Personal Information

Please print clearly.

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms.	First Name	M.I.	Last Name	
Date of Birth*	Job Title			
States in which you are licensed to practice (you must provide a copy of each license)			Year of Licensure	
Company/Firm Name			Company Acronym	
Office Address (include suite number)		City	State	ZIP
Home Address (include apt. number)		City	State	ZIP
Main Company Phone		Company Web Site		
Direct Office Phone	Extension	Fax	Office E-mail	
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.

Individual Position	Business Practice	Ethnicity (optional)
<input type="checkbox"/> Firm owner (B)	<input type="checkbox"/> Architecture (1)	<input type="checkbox"/> African American
<input type="checkbox"/> Managing partner (B)	<input type="checkbox"/> Multidisciplinary design	<input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/> Architect (C)	<input type="checkbox"/> w/architecture as lead discipline (2)	<input type="checkbox"/> Caucasian
<input type="checkbox"/> Engineer (D)	<input type="checkbox"/> w/out architecture as lead discipline (3a)	<input type="checkbox"/> Latino(a)
<input type="checkbox"/> Designer (E)	<input type="checkbox"/> Landscape/urban design (3c)	<input type="checkbox"/> Native American/ Alaskan Native
<input type="checkbox"/> Draftsperson (F)	<input type="checkbox"/> Interior design (3b)	<input type="checkbox"/> Subcontinental Asian
<input type="checkbox"/> Technical staff (G)	<input type="checkbox"/> University/college (7a)	<input type="checkbox"/> Other (includes multiethnic/ _____)
<input type="checkbox"/> Intern (H)	<input type="checkbox"/> Academic unit (7a)	
<input type="checkbox"/> Faculty member (I)	<input type="checkbox"/> Government (5)	
<input type="checkbox"/> Government architect (J)	<input type="checkbox"/> Retired (11)	
<input type="checkbox"/> Retired (K)	<input type="checkbox"/> Other (9) _____	
<input type="checkbox"/> Other (Z) _____		

## 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

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.