



Date \_\_\_\_\_

Member ID \_\_\_\_\_

# Membership Upgrade Form

## Personal Information *(Print your name clearly as you want it to appear on your membership certificate and card.)*

Mr.  Mrs.  Ms. First name \_\_\_\_\_ M.I. \_\_\_\_\_ Last name \_\_\_\_\_

Home address \_\_\_\_\_ Apartment number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Country \_\_\_\_\_

Home phone \_\_\_\_\_ Home fax \_\_\_\_\_ Cell phone \_\_\_\_\_

Date of birth \_\_\_\_\_ Home e-mail \_\_\_\_\_

Company name/acronym \_\_\_\_\_ Job title \_\_\_\_\_

Company address \_\_\_\_\_ Suite/floor number \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Country \_\_\_\_\_

Company phone \_\_\_\_\_ Company fax \_\_\_\_\_ Company e-mail \_\_\_\_\_ Company Web address \_\_\_\_\_

### Preferred address *(check one)*

Mail (for print materials including *Architectural Record*):  Home OR  Office

E-mail (for correspondence):  Home OR  Office

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

### Ethnicity *(optional)*

- African American
- Asian/Pacific Islander
- Caucasian
- Hispanic
- American Indian/Alaskan Native
- Subcontinental Asian
- Other \_\_\_\_\_

### CES Requirements

Each calendar year architects must have 18 AIA/CES learning-unit hours, of which at least eight are required for health, safety, and welfare (HSW) credit.

**Questions?** Call the CES Registrar, 202-626-7436, or visit [www.aia.org/conted](http://www.aia.org/conted).

**Personal Information** (please print clearly)

Mr.  Mrs.  Ms. First name Middle initial Last name

**Architect Upgrade Only**

**Architecture degree** (To avoid processing delays, your application must include a copy of your diploma[s] or transcript[s].)

Type of degree (e.g., BArch, MArch) Year received School

**States in which you are licensed to practice** (To avoid processing delays, your application must include a copy of your current license.)

State Initial year of licensure State Initial year of licensure

**Type of firm/company you are currently employed**

- Architecture—sole practitioner
 Architecture firm
 Multi-disciplinary design firm/architecture as lead
 Multi-disciplinary design firm/architecture not lead
 Construction
 Corporate business
 Government agency

- Interior design
 Landscape
 Urban design
 University/college
 Library or association
 Other \_\_\_\_\_

**Primary role in firm/company**

- Principal/partner
 Architect
 Project manager
 Engineer
 Interior designer
 Graphic designer
 Construction administrator
 Specification writer
 CAD manager
 Architectural drafter
 Other \_\_\_\_\_

**Emeritus Upgrade Only**

Emeritus membership is open to AIA architect or associate members whose membership has been in good standing for 15 successive years and one of the following.

Check all that apply.

- I am at least 70 years of age. DOB \_\_\_\_\_.
- I am incapacitated and unable to work in the architecture profession (include letter of explanation).
- I am at least 60 years of age and have retired from the architecture profession. DOB \_\_\_\_\_.
- I am 60 and working. I am employed in the \_\_\_\_\_ industry.

**CES Requirements:** Emeritus members are not required to fulfill the AIA/CES requirement to retain membership.

**Emeritus Publication Options**

Check below if you are interested in receiving any of the following optional services.

- National Mail Subscriber 2009 fee \$49.00 \$ \_\_\_\_\_
- National Lifetime Mail Subscriber 2009 fee \$525.00 \$ \_\_\_\_\_

Check with your state and/or local component for their subscriptions and fees.

**Publisher's statement**

National dues include a \$36.53 subscription cost for Architectural Record. This statement is made for auditing purposes only. Subscription costs are not deductible from membership dues.

You will begin receiving Architectural Record at your preferred address 6 to 8 weeks after your application is processed.

**Method of Payment**

Submit full payment of your local, state, and national membership dues. Dues are not a tax-deductible donation but may be eligible as a business expense deduction.

- Check enclosed (payable to The American Institute of Architects) Charge my:  Visa  MasterCard  AmEx

Card number Expiration date

Cardholder (print name clearly) Signature

**Return to:**

The American Institute of Architects
P.O. Box 64185
Baltimore, MD 21264-4185
Fax to 202-626-7547
E-mail to MemberServices@aia.org