



Date _____

Member ID _____

- Upgrade to architect member
- Upgrade to emeritus member

Membership Upgrade Form

Personal Information *(please print clearly)*

<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. First name	Middle initial	Last name	
Home address		Apartment number	
City	State	ZIP	Country
Home phone		Home fax	
Date of birth		Home e-mail	

Your birthdate enables the AIA Trust to issue new architect members a \$15,000 life insurance policy premium free for one year.

Company name/Company acronym		Job title	
Company address		Suite/floor number	
City	State	ZIP	Country
Company phone	Company fax	Company e-mail	Company Web address

Ethnicity *(optional)*

- African American
- Asian/Pacific Islander
- Caucasian
- Latino
- American Indian/Alaskan Native
- Subcontinental Asian
- Other _____

Preferred address *(check one)*

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

CES Requirements

Each calendar year architects must acquire 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.

Architect Upgrade Only

Architecture degree *(must provide a copy)*

Type of degree (e.g., BArch, MArch)	Year received	School
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States in which you are licensed to practice *(provide a copy of each license)*

State	Initial year of licensure	State	Initial year of licensure
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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.

Personal Information *(please print clearly)*

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

Check all that apply.

- I am at least 70 years of age.
 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.
 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.

- | | | | |
|--|----------|----------|----------|
| <input type="checkbox"/> National Mail Subscriber | 2008 fee | \$ 48.00 | \$ _____ |
| <input type="checkbox"/> National Lifetime Mail Subscriber | 2008 fee | \$510.00 | \$ _____ |

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

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
Email to MemberServices@aia.org

Office Use Only

Component executive signature Date Component name
Notes: