



Membership Upgrade Form

Contact Information *Only complete this section if your contact information has changed in the past year. You can also update information at www.aia.org/renew*

Personal Information *(Print your name clearly as you want it to appear in your membership record.)*

| | | | | |
|---------------|-------------|------------|------------------|--|
| 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 | | | |

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

Company Information

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

Preferred address *(check one)*

Mail (for print materials including *Architectural Record* for 2010 only): Home OR Office

E-mail (for correspondence including *Architect* magazine beginning in 2011): 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.

Are you a member of any of the following professional organizations?

- GCBI LEED AP # _____
- USGBC National Member (Company)
- USGBC Local Member (Individual)

Personal Information (Please print clearly.)

Mr. Mrs. Ms. First name M.I. 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 (States in which you are licensed to practice (To avoid processing delays, your application must include a copy of your current license and should be returned with your payment.)

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 65 years of age. DOB _____.
- I am incapacitated and unable to work in the architecture profession (include letter of explanation).

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

Publisher's statement

Beginning January 2011, ARCHITECT will be the official magazine of the AIA. Your membership dues include a paid subscription to ARCHITECT magazine, at a value of \$29.50 for one year. You can choose to receive only the digital version of the magazine by selecting the "Digital Only" option in your AIA member record. Learn more at www.aia.org/renew

No cost to Emeritus members for annual subscriptions

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: Charge my: Visa MasterCard AmEx Discover

Card number Expiration date

Cardholder 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