



2019 Associate to Architect Form

Please indicate the jurisdiction in which you are licensed to practice in the United States. To avoid processing delays, you must include a copy of your current U.S. license. Upon verification of your active U.S. license, your membership type will be changed to Architect.

Personal Information

Prefix	First	M.I.	Last
Address			Apartment/Unit #
City	State/Country		Postal Code
Home Phone	Home E-mail		
Home Fax	Cell Phone	DOB*	

Company Information

Company Name		Job Title
Address		Suite/Floor
City	State/Country	Postal Code
Office Phone	Office E-mail	
Office Fax	Company Web Address	

Mailing Preference: Home Office

Primary Email: Home Office

Primary Phone: Home Office

License Information

Your license must be active at the time of submission of this form.

State	Date Awarded	Expiration Date	License Number
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An Associate member that changes to Architect status is not liable for Architect dues until the following renewal year.

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

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

Type of firm/company with which you are currently employed:

- Architecture – sole practitioner
- Architecture firm
- Multidisciplinary design firm/architecture as lead
- Multidisciplinary design firm/architecture not lead
- Corporate business
- Government agency
- Construction

- 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 _____

Please return by email or fax:

E-mail to: memberservices@aia.org | Fax to: (202) 626-7547