



Date _____

2012 Architect Membership Elevation Form

Individuals with an architectural license from a U.S. licensing authority are eligible for Architect membership.

Member ID _____

Home Address

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 Address

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

Mailing Preference

Primary Address: Home OR Office

Check here to receive the digital version only of ARCHITECT magazine:

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 CES Member Support at 800-3242-3837, option 3 or visit www.aia.org/conted

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

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

Degree Information

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

Type of degree (e.g. BArch, MArch)

Year received

School

License Information

Please indicate the state in which you are licensed to practice (To avoid processing delays, you 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 _____

Payment Information

Submit full payment of your local, state, and national membership dues. Payment plans are available visit www.aia.org/paybyinstallments for more information. 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*)

Credit Card: Visa MasterCard American Express Discover

Card number

Expiration date

Cardholder

Signature

Please return by mail, fax or email to:

The Boston Society of Architects
Membership/AIA Western MA
290 Congress Street, Suite 200
Boston MA 02210 Fax: (617) 951-0845 | Email: membership@architects.org