



2020 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

Form with fields: 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

Form with fields: 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.

Table with 4 columns: State, Date Awarded, Expiration Date, License Number. Two rows for license information.

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