

Date	
AIA Member ID	

2023 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 act	ive U.S. license, your memb	ership type wil	I be changed to Are	chitect.	,,,,,,	g,-, ,				
Personal Information	n									
Prefix	First		M.I.	L	ast					
Address							Apartment/Unit #			
City			State/Country				Postal Code			
Home Phone H			Home E-mail							
Home Fax C			Cell Phone				DOB*			
Company Information										
Company Name						Job Title				
Address							Suite/Floor			
City			State/Country	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				
State	Date Awarded	Expirat	Expiration Date			License Number				
A	n Associate member that ch	nanges to Archi	tect status is not lia	able for Ar	rchite	ect dues until the	following renewal year.			
Are you a member of any of	the following professional o	rganizations?								
☐ GBCI LEED AP # ☐ USGBC National Member (Company) ☐ USGBC Local Member (Individual)										
Type of firm/company with currently employed:	n which you are									
☐ Architecture – sole practitioner ☐ Interior de			=			[☐ Project manager			
Architecture firm							☐ Engineer			
☐ Multidisciplinary design firm/architecture ☐ Urban de		9				Interior designer				
as lead University		=				Graphic designer				
		_				Construction administrator				
not lead Other						Specification writer				
					_	CAD manager				
☐ Government agency ☐ Principal/							Architectural drafter			
☐ Construction ☐ Architect			t _				Other			

Please return by email or fax:

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