



Date _____

AIA Member ID _____

2024 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
State	Date Awarded	Expiration Date	License Number

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: membersupport@aia.org | Fax to: (202) 626-7547

Questions? Please contact Member Support at 1 (800) 242-3837, option 2