



Date _____

Member ID _____

Transfer Membership Request Form

Personal Information *(Print your name clearly as you want it to appear on your membership record.)*

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 birthdate enables the AIA Trust to issue new architect members a \$15,000 life insurance policy premium free for one year.

Company name/acronym _____ Job title _____

Company address _____ Suite/floor number _____

City _____ State _____ ZIP _____ Country _____

Company phone _____ Company fax _____ Company e-mail _____ Company Web address _____

Preferred address *(check one)*

Mail (for print materials including *Architectural Record*): Home OR Office

E-mail (for correspondence): Home OR Office

I do not wish to be listed in any membership list sold by the AIA to third parties.

Professional Information

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
- Department head/senior manager
- Architect
- Project manager
- Engineer
- Interior designer
- Graphic designer
- Construction administrator
- Specification writer
- CAD manager
- Architectural drafter

Ethnicity *(optional)*

- African American
- Asian/Pacific Islander
- Caucasian
- Hispanic
- American Indian/Alaskan Native
- Subcontinental Asian
- Other _____

The information gathered by the AIA is used solely for the purpose of fulfilling the AIA's mandate to you. Personal information you provide to the AIA shall not, without your consent, be disclosed to third parties, except as permitted or required by law.

Chapter Information

Local component affiliation is assigned by the ZIP code of your business or home address.

Assign me to the local AIA component _____ based on my: business address home address

If an address change accompanies this transfer, check with your post office to ensure uninterrupted delivery of *Architectural Record*.

Return to:

The American Institute of Architects

P.O. Box 64185

Baltimore, MD 21264-4185

Fax to 202-626-7547

E-mail to MemberServices@aia.org