



# Transfer Membership Request Form

## Personal Information *(Print your name clearly.)*

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 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.

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## 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*.

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### 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](mailto:MemberServices@aia.org)