

THE AMERICAN INSTITUTE OF ARCHITECTS



Transfer Membership Request

Date _____

Member ID _____ Join Date _____ Date of Birth _____

Mr. Ms. Miss Mrs. Dr.

Full Name _____

Home Address _____

City _____ State _____ Zip _____

Home Phone _____ Home E-mail _____

Firm Name _____

Firm Address _____

City: _____ State _____ Zip _____

Office Phone _____ Fax _____

E-Mail _____

Preferred Mailing Address (check one) Office Home

I wish to transfer my membership from the _____ chapter and the _____ state organization to the _____ chapter and the state organization serving it.

I understand that I must be a member in good standing and either live or work within the territory of the new chapter.

Please list the state(s) in which you are licensed to practice architecture

Please return this form to your **current local chapter**, or to The American Institute of Architects
Membership Services

Former Chapter Authorized Signature: _____

1735 New York Avenue, NW
Washington, DC 20006-5292

Date _____

Fax: 202-626-7547