



# Organizational Membership Application

Architectural Engineering Institute of ASCE  
 1801 Alexander Bell Drive  
 Reston, Virginia 20191-4400  
 T: (703) 295-6000 F: (703) 295-6371  
<http://www.asce.org/aei> | [aei@asce.org](mailto:aei@asce.org)

For Office Use Only				

**Company Name:** \_\_\_\_\_

**How did you hear about AEI?**     Brochure     Web     Conference     Publication     Other \_\_\_\_\_

**PRIMARY CONTACT INFORMATION (Member #1)**

Prefix:  Mr.  Ms  Dr  Mrs.  Prof.  Other: \_\_\_\_\_ All Credentials (PhD, P.E. etc.): \_\_\_\_\_

Last Name	First Name	Middle Name	Suffix
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Preferred Mailing Address:     Residence     Work    Date of Birth: \_\_\_\_\_

RESIDENCE ADDRESS		BUSINESS ADDRESS	
Street		Job Title	
		Street	
City/State/Zip/Country			
Telephone		City/State/Zip/Country	
E-mail		Telephone	
E-mail #2		Fax Number	

EDUCATIONAL BACKGROUND		LICENSURE	
<input type="checkbox"/> Check here if no degree.		<input type="checkbox"/> Registered Engineer <input type="checkbox"/> Not Licensed <input type="checkbox"/> Registered Architect <input type="checkbox"/> Engineer-in-training <input type="checkbox"/> Licensure not available in residence area	
Undergraduate	College/University	Primary state/country _____	
	Major	Reg. # _____	
	Graduation Date (month/year)		
Graduate	College/University		
	Major		
	Graduation Date (month/year)		

DUES		PAYMENT					
<input type="checkbox"/> Supporting Organizational Member (includes 5 individual memberships)    Dues \$1,250 <input type="checkbox"/> Sustaining Organizational Member (includes 10 individual memberships)    \$2,500 <input type="checkbox"/> We will complete the attached individual membership forms for the 5 or 10 employees who will receive AEI individual memberships within a month's time.		Amount \$ _____ <input type="checkbox"/> My check is enclosed (payable to ASCE in U.S. dollars) <input type="checkbox"/> Please charge my: <table border="0"> <tr> <td><input type="checkbox"/> American Express</td> <td><input type="checkbox"/> Master Card</td> </tr> <tr> <td><input type="checkbox"/> Visa</td> <td><input type="checkbox"/> Discover</td> </tr> </table> Credit Card Number _____ Card Holder's Name _____ Expiration Date ____/____/____	<input type="checkbox"/> American Express	<input type="checkbox"/> Master Card	<input type="checkbox"/> Visa	<input type="checkbox"/> Discover	
<input type="checkbox"/> American Express	<input type="checkbox"/> Master Card						
<input type="checkbox"/> Visa	<input type="checkbox"/> Discover						

PRIMARY PROFESSION		SPECIFIC INTERESTS			
(Check all that apply)		(Check all that apply)			
<input type="checkbox"/> Architecture	<input type="checkbox"/> Electrical	<input type="checkbox"/> Sustainability	<input type="checkbox"/> Education	<input type="checkbox"/> Facility Management	
<input type="checkbox"/> Structural	<input type="checkbox"/> Plumbing/FP	<input type="checkbox"/> Building Security	<input type="checkbox"/> Business Issues	<input type="checkbox"/> Project Delivery Methods	
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Construction	<input type="checkbox"/> Curtainwalls	<input type="checkbox"/> Integration of Systems	<input type="checkbox"/> Image of Architectural Engineers	
<input type="checkbox"/> Other _____		<input type="checkbox"/> Healthy Buildings	<input type="checkbox"/> Preservation	<input type="checkbox"/> Other _____	

**Signature**

I authorize the Institute to verify the information contained in this application and, to that end, to contact any educational institution, professional society, publisher, employer or other entity named or identified in this application or in any document submitted in support of this application. I hereby consent to and authorize the release and disclosure to AEI of any information, records or correspondence as required to verify the information in the application.

Signature \_\_\_\_\_ Date \_\_\_\_\_

For office use only		Req'd		Ver'd		Req'd		Ver'd		CODE	
Education Verification	<input type="checkbox"/>	<input type="checkbox"/>	Experience	<input type="checkbox"/>	<input type="checkbox"/>	Date	<input type="checkbox"/>	<input type="checkbox"/>	Remarks _____	<div style="border: 1px solid black; width: 50px; height: 20px; display: inline-block;"></div>	

# Architectural Engineering Institute of ASCE

## Organizational Membership Benefits

### Supporting Organizational Membership – \$1250

- Five (5) individual AEI memberships
- One subscription to the *Journal of Architectural Engineering*
- Link to your company's website from AEI's website
- Link from AEI's bi-monthly eNewsletter, *The Team*, to your company's website
- A wall plaque signifying your status as a *Supporting Organizational Member*
- Permission to use AEI's logo, with membership level, on your organization's letterhead and business cards
- Special discount for up to two tickets to annual AEI Conference or AEI Forum per year

### Sustaining Organizational Membership – \$2,500

- Recognition on press releases as an AEI *Sustaining Organizational Member*
- Ten (10) individual AEI memberships
- Two subscriptions to the *Journal of Architectural Engineering*
- Informational blurb, logo, and link to your company's website on the AEI website
- Link from AEI's bi-monthly eNewsletter, *The Team*, to your company's website
- A wall plaque signifying your status as a *Sustaining Organizational Member*
- Permission to use AEI logo, with membership level, on your organization's letterhead and business cards
- Special discount for up to five tickets to annual AEI Conference or AEI Forum per year

## Individual Membership Grades

**MEMBER** - Generally holds a recognized four or more year degree in engineering, architecture or related field from an accredited program and is licensed as a Professional Engineer or Registered Architect. For those wishing to enter member grade without a legal license, references from three Members or Fellows of AEI must be attached.

**ASSOCIATE MEMBER** - Professionals associated in the field who have not qualified for licensing but have graduated from an accredited program.

**AFFILIATE MEMBER** - Individuals associated with the building industry who do not fully meet the requirements for Member or Associate Member but nevertheless possess sufficient knowledge and experience to positively contribute to the objective of the Institute and who are or have been included in the design, construction, material supply, professional, technical, or educational aspects of the building industry.

# AEI Organizational Membership Application

## INDIVIDUAL MEMBER INFORMATION

<b>Company or Organization Name:</b>									
Individual Member #2 Information									
Last Name		First Name		Middle Name		Suffix	Prefix: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Prof. <input type="checkbox"/> Other		
<b>PERSONAL INFORMATION</b>			<b>EDUCATIONAL BACKGROUND</b>				<b>LICENSURE</b>		
Preferred Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Work * *as provided on application		Date of Birth:		<input type="checkbox"/> Check here if no degree.	Undergraduate	College/University	<input type="checkbox"/> Registered Engineer	<input type="checkbox"/> Not Licensed	
Home Address		Undergraduate	Major	Graduation Date (month/year)	<input type="checkbox"/> Registered Architect	<input type="checkbox"/> Engineer-in-training		<input type="checkbox"/> Licensure not available in residence area Primary state/country _____ Reg. # _____	
City/State/Zip/Country		Graduate	College/University	Major	Graduation Date (month/year)				
Home Telephone		Graduate	College/University	Major	Graduation Date (month/year)				
E-mail		Graduate	College/University	Major	Graduation Date (month/year)				
Individual Member #3 Information									
Last Name		First Name		Middle Name		Suffix	Prefix: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Prof. <input type="checkbox"/> Other		
<b>PERSONAL INFORMATION</b>			<b>EDUCATIONAL BACKGROUND</b>				<b>LICENSURE</b>		
Preferred Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Work * *as provided on application		Date of Birth:		<input type="checkbox"/> Check here if no degree.	Undergraduate	College/University	<input type="checkbox"/> Registered Engineer	<input type="checkbox"/> Not Licensed	
Home Address		Undergraduate	Major	Graduation Date (month/year)	<input type="checkbox"/> Registered Architect	<input type="checkbox"/> Engineer-in-training		<input type="checkbox"/> Licensure not available in residence area Primary state/country _____ Reg. # _____	
City/State/Zip/Country		Graduate	College/University	Major	Graduation Date (month/year)				
Home Telephone		Graduate	College/University	Major	Graduation Date (month/year)				
E-mail		Graduate	College/University	Major	Graduation Date (month/year)				
Individual Member #4 Information									
Last Name		First Name		Middle Name		Suffix	Prefix: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Prof. <input type="checkbox"/> Other		
<b>PERSONAL INFORMATION</b>			<b>EDUCATIONAL BACKGROUND</b>				<b>LICENSURE</b>		
Preferred Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Work * *as provided on application		Date of Birth:		<input type="checkbox"/> Check here if no degree.	Undergraduate	College/University	<input type="checkbox"/> Registered Engineer	<input type="checkbox"/> Not Licensed	
Home Address		Undergraduate	Major	Graduation Date (month/year)	<input type="checkbox"/> Registered Architect	<input type="checkbox"/> Engineer-in-training		<input type="checkbox"/> Licensure not available in residence area Primary state/country _____ Reg. # _____	
City/State/Zip/Country		Graduate	College/University	Major	Graduation Date (month/year)				
Home Telephone		Graduate	College/University	Major	Graduation Date (month/year)				
E-mail		Graduate	College/University	Major	Graduation Date (month/year)				

# AEI Organizational Membership Application

## INDIVIDUAL MEMBER INFORMATION

<b>Company or Organization Name:</b>						
Individual Member #5 Information						
Last Name		First Name		Middle Name		Suffix
Prefix: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Prof. <input type="checkbox"/> Other						
<b>PERSONAL INFORMATION</b>			<b>EDUCATIONAL BACKGROUND</b>			<b>LICENSURE</b>
Preferred Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Work * *as provided on application		Date of Birth:		<input type="checkbox"/> Check here if no degree.		
Home Address		Undergraduate	College/University		<input type="checkbox"/> Registered Engineer <input type="checkbox"/> Not Licensed	
			Major		<input type="checkbox"/> Registered Architect <input type="checkbox"/> Engineer-in-training	
			Graduation Date (month/year)		<input type="checkbox"/> Licensure not available in residence area	
City/State/Zip/Country		Graduate	College/University		Primary state/country _____	
Home Telephone			Major		Reg. # _____	
E-mail			Graduation Date (month/year)			
Individual Member #6 Information - Applicable for Sustaining Organizational Members only						
Last Name		First Name		Middle Name		Suffix
Prefix: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Prof. <input type="checkbox"/> Other						
<b>PERSONAL INFORMATION</b>			<b>EDUCATIONAL BACKGROUND</b>			<b>LICENSURE</b>
Preferred Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Work * *as provided on application		Date of Birth:		<input type="checkbox"/> Check here if no degree.		
Home Address		Undergraduate	College/University		<input type="checkbox"/> Registered Engineer <input type="checkbox"/> Not Licensed	
			Major		<input type="checkbox"/> Registered Architect <input type="checkbox"/> Engineer-in-training	
			Graduation Date (month/year)		<input type="checkbox"/> Licensure not available in residence area	
City/State/Zip/Country		Graduate	College/University		Primary state/country _____	
Home Telephone			Major		Reg. # _____	
E-mail			Graduation Date (month/year)			
Individual Member #7 Information - Applicable for Sustaining Organizational Members only						
Last Name		First Name		Middle Name		Suffix
Prefix: <input type="checkbox"/> Mr. <input type="checkbox"/> Ms <input type="checkbox"/> Dr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Prof. <input type="checkbox"/> Other						
<b>PERSONAL INFORMATION</b>			<b>EDUCATIONAL BACKGROUND</b>			<b>LICENSURE</b>
Preferred Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Work * *as provided on application		Date of Birth:		<input type="checkbox"/> Check here if no degree.		
Home Address		Undergraduate	College/University		<input type="checkbox"/> Registered Engineer <input type="checkbox"/> Not Licensed	
			Major		<input type="checkbox"/> Registered Architect <input type="checkbox"/> Engineer-in-training	
			Graduation Date (month/year)		<input type="checkbox"/> Licensure not available in residence area	
City/State/Zip/Country		Graduate	College/University		Primary state/country _____	
Home Telephone			Major		Reg. # _____	
E-mail			Graduation Date (month/year)			

# AEI Organzational Membership Application

## INDIVIDUAL MEMBER INFORMATION

**Company Name:** \_\_\_\_\_

**Individual Member #8 Information - Applicable for Sustaining Organizational Members only**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Suffix \_\_\_\_\_ Prefix:  Mr.  Ms  Dr.  Mrs.  Prof.  Other

PERSONAL INFORMATION		EDUCATIONAL BACKGROUND		LICENSURE
Preferred Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Work * *as provided on application	Date of Birth:	<input type="checkbox"/> Check here if no degree.		<input type="checkbox"/> Registered Engineer <input type="checkbox"/> Not Licensed  <input type="checkbox"/> Registered Architect <input type="checkbox"/> Engineer-in-training  <input type="checkbox"/> Licensure not available in residence area  Primary state/country _____  Reg. # _____
Home Address		Undergraduate	College/University	
		Undergraduate	Major	
		Undergraduate	Graduation Date (month/year)	
City/State/Zip/Country		Graduate	College/University	
Home Telephone		Graduate	Major	
E-mail		Graduate	Graduation Date (month/year)	

**Individual Member #9 Information - Applicable for Sustaining Organizational Members only**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Suffix \_\_\_\_\_ Prefix:  Mr.  Ms  Dr.  Mrs.  Prof.  Other

PERSONAL INFORMATION		EDUCATIONAL BACKGROUND		LICENSURE
Preferred Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Work * *as provided on application	Date of Birth:	<input type="checkbox"/> Check here if no degree.		<input type="checkbox"/> Registered Engineer <input type="checkbox"/> Not Licensed  <input type="checkbox"/> Registered Architect <input type="checkbox"/> Engineer-in-training  <input type="checkbox"/> Licensure not available in residence area  Primary state/country _____  Reg. # _____
Home Address		Undergraduate	College/University	
		Undergraduate	Major	
		Undergraduate	Graduation Date (month/year)	
City/State/Zip/Country		Graduate	College/University	
Home Telephone		Graduate	Major	
E-mail		Graduate	Graduation Date (month/year)	

**Individual Member #10 Information - Applicable for Sustaining Organizational Members only**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Suffix \_\_\_\_\_ Prefix:  Mr.  Ms  Dr.  Mrs.  Prof.  Other

PERSONAL INFORMATION		EDUCATIONAL BACKGROUND		LICENSURE
Preferred Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Work * *as provided on application	Date of Birth:	<input type="checkbox"/> Check here if no degree.		<input type="checkbox"/> Registered Engineer <input type="checkbox"/> Not Licensed  <input type="checkbox"/> Registered Architect <input type="checkbox"/> Engineer-in-training  <input type="checkbox"/> Licensure not available in residence area  Primary state/country _____  Reg. # _____
Home Address		Undergraduate	College/University	
		Undergraduate	Major	
		Undergraduate	Graduation Date (month/year)	
City/State/Zip/Country		Graduate	College/University	
Home Telephone		Graduate	Major	
E-mail		Graduate	Graduation Date (month/year)	