



Organizational Membership Application

Architectural Engineering Institute of ASCE
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 Reston, Virginia 20191-4400
 T: (703) 295-6000 F: (703) 295-6371
<http://www.asce.org/aei> | 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 Primary state/country _____ Reg. # _____
Undergraduate	
College/University	
Major	
Graduation Date (month/year)	
Graduate	
College/University	
Major	
Graduation Date (month/year)	

DUES	PAYMENT
Dues <input type="checkbox"/> Supporting Organizational Member \$1,250 (includes 5 individual memberships) <input type="checkbox"/> Sustaining Organizational Member \$2,500 (includes 10 individual memberships) <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: <input type="checkbox"/> American Express <input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> Discover Credit Card Number _____ Card Holder's Name _____ Expiration Date ____/____/____

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

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Education Verification	Req'd	Ver'd	Experience	Req'd	Ver'd	Date	Remarks _____	CODE
	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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

Company or Organization Name:

Individual Member #2 Information

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.		
Home Address		Undergraduate	College/University	<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. # _____	
		Major			
		Graduation Date (month/year)			
City/State/Zip/Country		Graduate	College/University		
Home Telephone			Major		
E-mail			Graduation Date (month/year)		

Individual Member #3 Information

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.		
Home Address		Undergraduate	College/University	<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. # _____	
		Major			
		Graduation Date (month/year)			
City/State/Zip/Country		Graduate	College/University		
Home Telephone			Major		
E-mail			Graduation Date (month/year)		

Individual Member #4 Information

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.		
Home Address		Undergraduate	College/University	<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. # _____	
		Major			
		Graduation Date (month/year)			
City/State/Zip/Country		Graduate	College/University		
Home Telephone			Major		
E-mail			Graduation Date (month/year)		

AEI Organizational Membership Application

INDIVIDUAL MEMBER INFORMATION

Company or Organization Name:									
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		
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.	Undergraduate	College/University	Graduate	College/University	<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				Major		Major			
				Graduation Date (month/year)		Graduation Date (month/year)			
City/State/Zip/Country				College/University		Major			
Home Telephone				Major		Graduation Date (month/year)			
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		
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.	Undergraduate	College/University	Graduate	College/University	<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				Major		Major			
				Graduation Date (month/year)		Graduation Date (month/year)			
City/State/Zip/Country				College/University		Major			
Home Telephone				Major		Graduation Date (month/year)			
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		
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.	Undergraduate	College/University	Graduate	College/University	<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				Major		Major			
				Graduation Date (month/year)		Graduation Date (month/year)			
City/State/Zip/Country				College/University		Major			
Home Telephone				Major		Graduation Date (month/year)			
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.		
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 #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.		
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 #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.		
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)		