

Corporate Membership Application



Architectural Engineering Institute of ASCE
 1801 Alexander Bell Drive
 Reston, Virginia 20191-4400
 T: (703) 295-6370 F: (703) 295-6371
 www.aeinstitute.org aei@asce.org

For Office Use Only				

Company Name: _____

How did you hear about AEI? Brochure Web Conference Publication Other _____

PRIMARY CONTACT INFORMATION

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

Last Name	First Name	Middle Name	Suffix
-----------	------------	-------------	--------

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
------	---------

<p align="center"><i>(See Corporate Member Level Descriptions on Back)</i></p> <p align="center">Dues</p> <p><input type="checkbox"/> Corporate Member \$750 (includes 5 individual memberships)</p> <p><input type="checkbox"/> Supporting Corporate Member \$2,000 (includes 10 individual memberships)</p> <p><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.</p>	<p>Amount \$ _____</p> <p><input type="checkbox"/> My check is enclosed (payable to ASCE in U.S. dollars)</p> <p><input type="checkbox"/> Please charge my:</p> <p> <input type="checkbox"/> American Express <input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> Discover </p> <p>Credit Card Number _____</p> <p>Card Holder's Name _____</p> <p>Expiration Date ____/____/____</p>
--	--

PRIMARY PROFESSION	SPECIFIC INTERESTS
--------------------	--------------------

<p>(Check all that apply)</p> <p> <input type="checkbox"/> Architecture <input type="checkbox"/> Electrical <input type="checkbox"/> Structural <input type="checkbox"/> Fire Protection <input type="checkbox"/> Mechanical <input type="checkbox"/> Construction <input type="checkbox"/> Other _____ </p>	<p>(Check all that apply)</p> <table border="0"> <tr> <td><input type="checkbox"/> Sustainability</td> <td><input type="checkbox"/> Education</td> <td><input type="checkbox"/> Facility Management</td> </tr> <tr> <td><input type="checkbox"/> Building Security</td> <td><input type="checkbox"/> Business Issues</td> <td><input type="checkbox"/> Project Delivery Methods</td> </tr> <tr> <td><input type="checkbox"/> Curtainwalls</td> <td><input type="checkbox"/> Integration of Systems</td> <td><input type="checkbox"/> Image of Architectural Engineers</td> </tr> <tr> <td><input type="checkbox"/> Healthy Buildings</td> <td><input type="checkbox"/> Preservation</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>	<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 _____
<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 _____

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

Architectural Engineering Institute of ASCE Corporate Membership Benefits

Corporate Member \$750

- 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 Corporate Member
- Permission to use AEI's logo, with membership level, on your organization's letterhead and business cards

Supporting Corporate Member \$2,000

- Recognition on press releases as an AEI Supporting Corporate 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 Supporting Corporate Member
- Permission to use AEI logo, with membership level, on your organization's letterhead and business cards

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 Corporate Membership Application

INDIVIDUAL MEMBER INFORMATION

Company Name:					
Member # 2					
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		Date of Birth:		<input type="checkbox"/> Check here if no degree.	
Home Address		Undergraduate	College/University		
			Major		
			Graduation Date (month/year)		
City/State/Zip/Country		Graduate	College/University		
Home Telephone			Major		
E-mail			Graduation Date (month/year)		
<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. # _____					
Member # 3					
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		Date of Birth:		<input type="checkbox"/> Check here if no degree.	
Home Address		Undergraduate	College/University		
			Major		
			Graduation Date (month/year)		
City/State/Zip/Country		Graduate	College/University		
Home Telephone			Major		
E-mail			Graduation Date (month/year)		
<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. # _____					
Member # 4					
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		Date of Birth:		<input type="checkbox"/> Check here if no degree.	
Home Address		Undergraduate	College/University		
			Major		
			Graduation Date (month/year)		
City/State/Zip/Country		Graduate	College/University		
Home Telephone			Major		
E-mail			Graduation Date (month/year)		
<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. # _____					

AEI Corporate Membership Application

INDIVIDUAL MEMBER INFORMATION

Company Name:					
Member # 5					
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		Date of Birth:		<input type="checkbox"/> Check here if no degree.	
Home Address		Undergraduate	College/University		
			Major		
			Graduation Date (month/year)		
City/State/Zip/Country		Graduate	College/University		
Home Telephone			Major		
E-mail			Graduation Date (month/year)		
<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. # _____					
Member # 6					
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		Date of Birth:		<input type="checkbox"/> Check here if no degree.	
Home Address		Undergraduate	College/University		
			Major		
			Graduation Date (month/year)		
City/State/Zip/Country		Graduate	College/University		
Home Telephone			Major		
E-mail			Graduation Date (month/year)		
<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. # _____					
Member # 7					
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		Date of Birth:		<input type="checkbox"/> Check here if no degree.	
Home Address		Undergraduate	College/University		
			Major		
			Graduation Date (month/year)		
City/State/Zip/Country		Graduate	College/University		
Home Telephone			Major		
E-mail			Graduation Date (month/year)		
<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. # _____					

AEI Corporate Membership Application

INDIVIDUAL MEMBER INFORMATION

Company Name:					
Member # 8					
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		Date of Birth:		<input type="checkbox"/> Check here if no degree.	
Home Address		Undergraduate	College/University		
			Major		
			Graduation Date (month/year)		
City/State/Zip/Country		Graduate	College/University		
Home Telephone			Major		
E-mail			Graduation Date (month/year)		
<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. # _____					
Member # 9					
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		Date of Birth:		<input type="checkbox"/> Check here if no degree.	
Home Address		Undergraduate	College/University		
			Major		
			Graduation Date (month/year)		
City/State/Zip/Country		Graduate	College/University		
Home Telephone			Major		
E-mail			Graduation Date (month/year)		
<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. # _____					
Member # 10					
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		Date of Birth:		<input type="checkbox"/> Check here if no degree.	
Home Address		Undergraduate	College/University		
			Major		
			Graduation Date (month/year)		
City/State/Zip/Country		Graduate	College/University		
Home Telephone			Major		
E-mail			Graduation Date (month/year)		
<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. # _____					