



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.aeoinstitute.org 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 |
|-----------|------------|-------------|--------|

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"/> Corporate Member (Includes 5 individual memberships) Dues \$750 <input type="checkbox"/> Supporting Corporate Member (Includes 10 individual memberships) \$2,000 <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) | | (Check all that apply) | |
| <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 _____ | <input type="checkbox"/> Sustainability <input type="checkbox"/> Building Security <input type="checkbox"/> Curtainwalls <input type="checkbox"/> Healthy Buildings | <input type="checkbox"/> Education <input type="checkbox"/> Business Issues <input type="checkbox"/> Integration of Systems <input type="checkbox"/> Preservation | <input type="checkbox"/> Facility Management <input type="checkbox"/> Project Delivery Methods <input type="checkbox"/> Image of Architectural Engineers <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 | | CODE | |
|------------------------|--------------------------|--------------------------|------------|--------------------------|--------------------------|------|--------------------------|
| Education Verification | <input type="checkbox"/> | <input type="checkbox"/> | Experience | <input type="checkbox"/> | <input type="checkbox"/> | Date | <input type="checkbox"/> |
| Remarks | _____ | | | | | | <input type="checkbox"/> |

Architectural Engineering Institute of ASCE

Corporate Membership Benefits

Corporate Membership – \$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 Membership – \$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: | | Individual Member #2 Information | |
| Last 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 | | | |
| Preferred Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Work * *as provided on application | | Date of Birth: | |
| Home Address | | Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> | |
| City/State/Zip/Country | | College/University | |
| Home Telephone | | Major | |
| E-mail | | Graduation Date (month/year) | |
| | | College/University | |
| | | Major | |
| | | Graduation Date (month/year) | |
| LICENSE | | | |
| | | <input type="checkbox"/> Registered Engineer <input type="checkbox"/> Not Licensed <input type="checkbox"/> Registered Architect <input type="checkbox"/> Engineer-in-training <input type="checkbox"/> License not available in residence area Primary state/country _____ Reg. # _____ | |
| Individual Member #3 Information | | Individual Member #4 Information | |
| Last 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 | | | |
| Preferred Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Work * *as provided on application | | Date of Birth: | |
| Home Address | | Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> | |
| City/State/Zip/Country | | College/University | |
| Home Telephone | | Major | |
| E-mail | | Graduation Date (month/year) | |
| | | College/University | |
| | | Major | |
| | | Graduation Date (month/year) | |
| LICENSE | | | |
| | | <input type="checkbox"/> Registered Engineer <input type="checkbox"/> Not Licensed <input type="checkbox"/> Registered Architect <input type="checkbox"/> Engineer-in-training <input type="checkbox"/> License not available in residence area Primary state/country _____ Reg. # _____ | |
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| Last 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 | | | |
| Preferred Mailing Address: <input type="checkbox"/> Home <input type="checkbox"/> Work * *as provided on application | | Date of Birth: | |
| Home Address | | Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> | |
| City/State/Zip/Country | | College/University | |
| Home Telephone | | Major | |
| E-mail | | Graduation Date (month/year) | |
| | | College/University | |
| | | Major | |
| | | Graduation Date (month/year) | |
| LICENSE | | | |
| | | <input type="checkbox"/> Registered Engineer <input type="checkbox"/> Not Licensed <input type="checkbox"/> Registered Architect <input type="checkbox"/> Engineer-in-training <input type="checkbox"/> License not available in residence area Primary state/country _____ Reg. # _____ | |

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