



2017 Architect/Associate to Emeritus Exceptional Waiver Request Form

An Architect or Associate member is eligible for Emeritus status if he or she:

- has been in good standing as a member for fifteen consecutive years before applying for Emeritus status;
- is at least 70 years old; and
- is retired from the profession of architecture (or, in the case of an Associate member, from an occupation related to the profession of architecture).

This form should be used if you are otherwise eligible for Emeritus status but would like to request a waiver of the 15-year membership requirement (in whole or in part) and/or of the age requirement. Such waivers are approved only in exceptional circumstances and for adequate cause.

AIA Bylaws – Member Emeritus

2.311 Architect Members. Any Architect member may apply for Emeritus status who has been in good standing in the Institute for fifteen successive years immediately prior to his or her application, and either (i) has attained the age of 70, and is retired from the profession of architecture, or (ii) is so incapacitated as to be unable to work in the profession.

2.312 Associate Members. Any Associate member may apply for Emeritus status who has been in good standing in the Institute for fifteen successive years immediately prior to his or her application, and either (i) has attained the age of 70, and is retired from an occupation related to the profession of architecture or (ii) is so incapacitated as to be unable to work in an occupation related to the profession of architecture.

2.313 Waiver by the Secretary. The Secretary, in exceptional circumstances and for adequate cause, may, on an individual basis, waive (a) all or part of the period of good standing required for Emeritus status; and/or (b) the age requirement for Emeritus status.

Check the Applicable Waiver Request(s)

Waiver of Age Requirement:

Waiver of 15 Consecutive Year Membership Requirement:

Personal Information

Membership Number:		Retired Status:		Membership Join Date:	
Mr. Mrs. Ms.	First	M.I.	Last		
Address				Apartment/Unit #	
City		State/Country		ZIP	
Home Phone		Home E-mail			
Home Fax		Cell Phone		DOB	

Member & Component Signature and Date Required

Member Signature	Date	Member Name (Printed)
Component Signature	Date	Component Name (Printed)

