AICAE



AMERICAN INDIAN COUNCIL OF ARCHITECTS AND ENGINEERS

Application for Membership

Michael Laverdure

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Lynn Paxson

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Last Name:		_First Name		MI
Company Name:				
Business Address: City Telephone:	Ctata		7in Cada	
Talanhana	_State		_ZIP Code:	
Telephone:	гах		Email	
Home Address: City Telephone:				
City		_State	_Zip Code:	
Telephone:	_Fax:	Email_		
Send Mail to: ☐Residence				
Type of Membership Sought:	*Voting Corporate Individual	☐ Corporate	☐ Individual t Agency ☐ Student	
*If applying for a voting membership, applicant must include copies of Certificate of Tribal Affiliation and Professional Registration (Architect or Engineer). For Voting Corporate Membership, please submit application for each Principal and owner.				
Title:	Years v	with Company:_	% of Ownership:	
Title: Tribal Affiliation: Gender: □Male □Fem				

Professional License Discipline	s & Registrations:	State	Voor Bo	egistered
Discipline		State	Teal Re	gistered
Education: Name of	School	Yea	rs Attended	Grades Completed
High School	0011001		10 / 1110111111111	Stades Completed
College				
Trade or Technical				
Professional Affiliation	ons: (Names of Organizatio	on/s)		
Public & Community	Service: (Name of Organiz	ation/s)		
	Company Info	ormation		
Type of Organization:	n: Partnership Non-Profit Tribal Corporation: Incorporated under state law of:			
Company Size:	☐Less than 25 ☐ 25-49 ☐100-499 ☐ 500-99		0-99 000 and ove	r
Type of Services Provi	ded:			
Applicant's Signature_			Date	
Print Name				

Instructions

Please complete application in full and attach a check with the proper fee amount payable to AICAE. In the event that your application is denied your check will be returned to you. Allow 30 days for approval. A certificate of membership will be mailed to you.

Schedule of Dues:

Voting (Full Membership)

1. Corporate Membership

(Includes all owners' of Indian firm's i.e. sole proprietor, partnership, etc.)

Firm Size 1-5 Employees 6-10 Employees 11-15 Employees 16-20 Employees 21 or More Employees	3 4 5 6 7	Dues \$ \$ \$ \$ \$ \$ \$ \$ \$
Individual Membership (Indian professional employees of Non-Ind \$50.00/Year	dian firms or Non-owners o	of Indian firms)
Non-Voting (Associate Membership)		
1.Corporation/Organization	\$100.00/yr	\$
2.Government Agency	\$100.00/yr	\$
3.Individual	\$35.00/yr	\$
3.Student	\$10.00/yr	\$

Make checks payable to: American Indian Council of Architects and Engineers (AICAE). Mail to AICAE Membership Committee - c/o Lynn Paxson @ address above.

To be completed by Membership Committee

Date Received:	
Member Evaluation Status: Full	Associate
Amount of Fee Paid: \$	Check No:
Action of Committee:	
Approval By:	