



The American Institute of Architects

APPLICATION FOR MEMBERSHIP

APPLICATION NO AP 14967

Dated April 13, 1959.

Received Oct. 26, 1959.

Granted Nov. 25, 1959.

MEMBERSHIP NO 14967

- A Name of applicants Robert Carl Abrahamson Chapter Massachusetts
- B Address of applicant 8 Dexter Rd., Wellesley, Massachusetts
- C Application received with check for \$ 20.00 on Oct. 26, 19 59.
- D Application returned for correction 19 .
- E Application in due order on Oct. 26, 19 59
- F Acknowledgments to applicant and chapter on ~~Oct. 26,~~ Nov. 5, 19 59
- G Certified resolution of chapter executive committee recommending admission ~~or that applicant be denied~~ received on Oct. 26, 19 59.
- H Record of registration received Oct. 26, 19 59.
- I The applicant has been examined as to his professional qualifications by
Board of Reigstration of Architects
- J The applicant is currently registered as an architect or licensed to practice
architecture in the states of Massachusetts
- K Application sent to The Committee on Membership Nov. 17, 19 59
- L The Committee on Membership reported on application on Nov. 17, 19 .
- M The applicant was requeste'd to furnish additional evidence of his profes-
sional qualifications on or before 19 , which was received.

REPORT:

As a result of its findings on the evidence submitted The Committee on Membership unanimously reports that in its opinion the applicant is* qualified for membership in The American Institute of Architects.**

THE COMMITTEE ON MEMBERSHIP

Date Nov. 17, 1959.

.....
Charles B. Gule

Seaman

 Chairman

CERTIFICATION OF ELECTION AND ASSIGNMENT

I, Secretary of The American Institute of Architects, hereby certify that, under authority vested in me by The Board of Directors, I have this day duly elected
Robert Carl Abrahamson
 to membership in The Institute, and hereby declare him to be a corporate member of The Institute and assign him to membership in the Massachusetts Chapter.

Date Nov. 25, 19 59.

.....
Seaman

 Secretary

- N Applicant admitted on Nov. 25, 19 59
- O Notice to applicant and notice of assignment to chapter on Nov. 25, 19 59
- P Notice of denial of application to chapter and applicant and \$
returned to applicant on 19 .

INSTRUCTIONS

Type in all information carefully and sign with ink.

Mail both copies to the secretary of the local Chapter of The Institute, with check for \$20.00 made payable to The American Institute of Architects.

VOTED TO RECOMMEND CORPORATE ELECTION - AIA

OCT 14 1959

MASSACHUSETTS ASSOCIATION OF ARCHITECTS



The American Institute of Architects APPLICATION FOR CORPORATE MEMBERSHIP

I, the undersigned, do hereby apply for corporate membership in The American Institute of Architects.

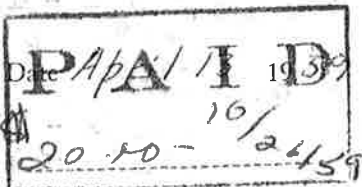
- 1. My full name is Robert Carl Abrahamson
2. I am a natural citizen of the United States.
3. My legal residence is in the City of Wellesley County of Norfolk State of Massachusetts
4. My address in The Institute records will be Number 8 Street Dexter Road City Wellesley Zone State Massachusetts
5. I am engaged in the profession of architecture as Practicing Architect
6. I desire to be a member of the Massachusetts State Association Chapter of Architects
7. I declare that I will comply with the By-laws; and the Standards of Professional Practice of The American Institute of Architects, which are attached hereto; and the Rules and Regulations supplementary thereto; and that I understand the duties, responsibilities, and obligations of a member of The Institute; and that I have read and understand all the information contained in this form and its attachments.
8. I am not indebted to The Institute or to any of its component organizations.
9. I enclose my check for \$20.00, for admission fee and the first year's annual dues, of which \$5.00 is for a year's subscription to the Journal of The American Institute of Architects and the Memo-Newsletter. It is my understanding that if I am not admitted to membership \$10.00 will be returned to me, and \$10.00 retained by The Institute as an examination fee.

State whether natural or a naturalized citizen.

State whether residence or office address.

State whether a practicing architect, a teacher, a public official, or other.

Handwritten initials 'Jap' next to the address field.



Robert Carl Abrahamson Applicant sign full name in ink

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STATISTICS

10. Date of birth **June 4, 1922** Place of birth **Watertown, Massachusetts**

11. (a) I am registered or licensed to practice architecture in the following-named states:

Massachusetts

(b) I passed the State Board Examination in the following-named states:

Massachusetts (Massachusetts Certificate No. 1454)

(c) I hold Certificate No. of the National Council of Architectural Registration Boards, for having passed their Standard Examination.

EDUCATION

12. (a) I attended high schools, private schools, colleges, universities, as follows:

Name of School, College, University	Location	No. of Years	Year of Graduation	Degree
Arlington High School	Arlington, Mass.	-37	1940	-
Lowell Inst. of Tech	Cambridge	" 2 yrs.		- 1940-42
USAAF Nav. School	Monroe, La.	6 mos.	1945	2nd Lieut.
Harvard College	Cambridge	" 3½ yrs	1948 *	A.B. Sum Laude
* in two years straight through summers				
Harvard University Grad. School of Design	Cambridge, Mass.	2 years	1950	Bach. of Architecture

(b) I have held the following-named scholarships or other honor awards, and have traveled in the following-named countries:

PROFESSIONAL TRAINING *

13. I list below, in chronological order, the periods of my training as draftsman, the names and addresses of my principal employers, and my classification as draftsman while employed by each

Employer's Name-Address	Type of Business	Classification of Position	Period of Employment by month and year
Stone & Webster Eng. Corp. Boston, Mass.		Jr. Draftsman	2/41 - 9/42
USAAF		Airman and Navigator	9/42 - 2/46
Stone & Webster Eng. Corp.		Draftsman	3/46 - 6/46
Stone & Webster Eng. Corp.		Draftsman	6/48 - 9/48
Donald S. Tait, Inc.	Contractor	Apprentice Carpen.	6/49 - 9/49
Stone & Webster Eng. Corp.		Draftsman	12/50 - 9/51
790a Carl Koch & Assoc. Cambridge, Mass.	Architects	draftsman-designer	9/51 - 12/51
*(NOTE: Applications must conclusively show that applicant has had three full years of experience in architectural work, in offices, governmental employment, or teaching, in addition to graduation from an architectural school; or eight full years of such experience without formal education; or equivalent combinations of both of the foregoing.)			
900a Smith & Sellev, Boston	Architects	Designer	9/51 - 12/52
900c Shepley, Bulfinch, Richardson & Abbott Boston	Architects	Designer	12/52 - 5/53
900a Maginnis, Walsh & Kennedy	"	Draftsman-designer	5/53 - 9/53
900c George W. W. Brewster	Architect	Designer	9/53 - presently employed

PROFESSIONAL PRACTICE

14. I list below, in chronological order, the periods during which and the states in which I have practiced architecture as an individual or as a member of a firm or corporation or as a public official or have taught architecture or the arts and sciences allied therewith. (State names of firms or corporations or public office and of schools or colleges.)

From To

I have been associated with and practicing architecture in the office of George W. W. Brewster, 101 Newbury Street, Boston 16, Massachusetts since September, 1953.

15. Is architecture your principal vocation? YES

BUSINESS AFFILIATIONS

16. I list below other business in which I participate or own an interest, and the extent of such participation or interest.

PRESENT OR PREVIOUS MEMBERSHIPS AND APPLICATIONS IN ARCHITECTURAL ORGANIZATIONS

17. I have previously applied for membership or associateship in the chapter of The American Institute of Architects. The details concerning this application are as follows:

- 18. Member of Institute from to
19. Junior of Institute from to
20. Associate of Chapter from to
21. Junior Associate of Chapter from to
22. Student Associate of Chapter from to
23. Member of State Organization in from to

REFERENCES

Five references are required, at least three of whom shall be corporate members of The Institute in good standing. Member references must be available for personal contact by the local chapter officers.

Table with 2 columns: Name and Address. Includes references for George W. W. Brewster, Carmen DiStefano, Francis B. Sellew, Walter E. Campbell, and Eugene F. Kennedy, Jr.

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THE AMERICAN INSTITUTE OF ARCHITECTS

Massachusetts State Association of Architects
Wm. Bradford Sprout, Jr. Secretary
235 Rockland Street
Hingham, Massachusetts
(Chapter)
(Address)

SECRETARY,

BOARD OF ARCHITECTURAL EXAMINERS,

Address State House
Boston, Massachusetts

RECORD OF REGISTRATION
OF

Robert Carl Abrahamson
(Name of Applicant)

Dear Sir:

The above named applicant for membership in The American Institute of Architects is an architect practicing in your state.

To qualify for such membership, an applicant, must be registered or licensed by the state to practice architecture therein.

Will you please answer the following questions relating to the applicant's registration, to assist The Institute in determining his eligibility for membership? A duplicate of the form is enclosed for your files.

Date April 17 19 59

Wm. Bradford Sprout, Jr. Chapter Secretary

1. Is the applicant registered or licensed to practice architecture in your state? yes
2. Was his registration or licensing by examination? yes or by exemption?
3. What was the scope of the examination? Based syllabus of Jr. NCARB Examination
4. What was the period of the examination? 4 days. Written examination 36 hours; Oral examination hours.
5. When examined, did applicant have a certificate from the National Council of Architectural Registration Boards? No. If so, give Certificate No.
6. Date of first registration 9-25-58 19 . Registration No. 1454 Is it current? yes

JOHN M. GRAY Secretary of Board

Date May 12, 1959 19

Board of Registration of Architects
(Name of Board)

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November 25, 1959

Mr. Robert Carl Abrahamson, AIA
8 Dexter Road
Wellesley, Massachusetts

Dear Mr. Abrahamson:

The Board of Directors of The American Institute of Architects takes pleasure in informing you that it has acted favorably on your application and welcomes you to corporate membership in The Institute. In approximately six weeks time, you will receive a certificate of membership duly executed by the officers of The Institute.

You are assigned to the Massachusetts Chapter effective November 25, 1959.

I sincerely hope that you will take an active and interested part in your chapter activities since it is through these activities that Institute policies are developed. Your cooperation and participation will contribute to the advancement of Institute objectives and increase the benefits to be derived from Institute membership.

I want you to know that my office is always at your service to the fullest extent of its powers.

Sincerely yours,

J. Roy Carroll, Jr.
Secretary

Enclosures



THE AMERICAN INSTITUTE OF ARCHITECTS

Application For Membership

Source Code

Please check one box:

New member

Former member

(also complete shaded area)

Advancing to Architect

Advancing to Emeritus

Mr. Robert C. Abrahamson 4 June 1922

Mr Mrs Ms Miss Name: First MI Last DOB

8 Dexter Road, Wellesley, MA 02181

(617) 237-9264

Mailing Address

Architects Design Group II, Inc.

Phone

(617) 237 0704

Employer

8 Dexter Road, Wellesley, MA 02181

Phone

Address

President/Treasurer

Your Title

I am or previously have been an AIA member Yes No

I was an Associate Architect member (Give prior membership information)

000017509

Chapter/Dates of membership/Reasons for membership lapse

ID#

RECEIVED

JAN 28 1993

AIA MEMBERSHIP SERVICES

I request assignment to the Boston Soc. of Archts. Chapter of the AIA. (My present Chapter)

I am applying for membership in the following category:

ARCHITECT, registered to practice architecture in the U.S. and licensed in the state(s) of _____.

(A copy of your current wallet card or other document showing an expiration date must be attached as proof of your current registration.)

INTERN, eligible by education or experience and employed, enrolled, or participating in circumstances recognized by licensing authorities as constituting credit toward architectural licensure.

Date of graduation

College/University

ASSOCIATE, without an architectural license from a U.S. licensing authority but meeting one of the following requirements:

- a. employee under the supervision of an architect in a professional or technical capacity directly related to the practice of architecture;
- b. holder of a professional degree in architecture;
- c. faculty member in a university program in architecture and actively involved in research, administration, or the teaching of architecture;
- d. holder of an architectural license or the equivalent from a non-U.S. licensing authority, with honorable standing in my profession in the locale where I am licensed. (Such persons may reside outside the U.S.)

EMERITUS: a member of the AIA for 15 successive years and either

- a. 70 years of age; or
- b. 60 years of age and retired from the profession of architecture.

Primary Professional Activity

Please check ONE category to indicate your primary professional field of employment.

- | | | |
|---|---|--|
| <input checked="" type="checkbox"/> 1. Architectural, A/E Firm/
Private Practice | <input type="checkbox"/> 4. Contractor or Builder | <input type="checkbox"/> 8. Public Library,
Professional Society,
or Trade Association |
| <input type="checkbox"/> 2. Consulting Engineering Firm/
Private Practice | <input type="checkbox"/> 5. Government Employee | <input type="checkbox"/> 9. Other _____ |
| <input type="checkbox"/> 3. <input type="checkbox"/> a. Design Firm | <input type="checkbox"/> 6. <input type="checkbox"/> a. Corporate Employee | |
| <input type="checkbox"/> b. Interior Design Firm | <input type="checkbox"/> b. Private Employee | |
| <input type="checkbox"/> c. Landscape Design Firm | <input type="checkbox"/> 7. <input type="checkbox"/> a. University
Personnel | |
| <input type="checkbox"/> d. Other Design Firm | <input type="checkbox"/> b. Student | |

The AIA's national Women in Architecture and Minority Resource Committees provide special services for members of their target groups. In order to determine the need for these services, we ask that members provide the following information.

1. M F 2. Caucasian; African American; Native American/Eskimo/Aleut;
 Hispanic; Asian/Pacific Islander; Other _____

The AIA Bylaws require the applicant to name two architect members in good standing who may be contacted by the local chapter. Please list here. (Not required for reactivating or advancing membership.)

Reference: Name	Albert D. Anderson, AIA(EM)	Phone	(508) 724-3463	Chapter	Boston Society of Architects
Reference: Name	Earl R. Flansburgh, FAIA	Phone	(617) 367-3970	Chapter	Boston Society of Architects
Reference: Name	Robert F. Sturgis, FAIA	Phone	(617) 492-2323	Chapter	Boston Society of Architects

For
Reactivating
Only

**THIS SECTION IS TO BE COMPLETED BY ALL FORMER ARCHITECT MEMBERS
SUPPLEMENTAL DUES**

Each reactivating Architect member who is an owner or manager in an organization using architects to perform services for the public is responsible for supplemental dues. They must be submitted with individual dues.

Please check the appropriate box and include payment for the total amount of dues that applies:

- I am a sole proprietor with no other licensed architects working for me. I have enclosed _____ (see dues table) in addition to my individual dues.
- I own or manage a firm using architects to perform services for the public but another Architect member is paying my dues.
- I own or manage a firm performing services for the public and have other architects on staff. Payment should be calculated as follows:

Total number of licensed architects employed
(include yourself and any partners) _____

Number of AIA members _____ x _____ (see dues table) = \$ _____

Number of non-AIA members _____ x _____ (see dues table) = \$ _____

Add the above dollar amounts.

This is your supplemental dues responsibility. \$ _____

(Please provide a list of names and membership numbers of those architects for whom you will be paying supplemental dues to ensure that you receive proper credit.)

Member Name	Membership Number
Member Name	Membership Number

- I neither own nor manage a firm using architects to perform services for the public.

I declare that the above information is accurate and complete. I understand that, as a member, I will be subject to the duties, obligations, and responsibilities set forth in the relevant portions of the AIA Bylaws, Rules of the Board, Code of Ethics and Professional Conduct, and policies of the Institute.

I enclose my check for the first year's National AIA annual dues, \$33.25 of which covers a one-year subscription to *Architecture* magazine together with payment for supplemental dues as applicable. I understand that if I am not admitted to membership, the dues will be refunded to me.

Robert C. Ahanson 4 January 1993
 Member Signature Date

Return completed application to your chapter together with enclosures and payment. Non U.S. Residents only return this form to AIA-Membership Applications. PO Box 80363, Baltimore, MD, 21280-0363.

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AIA instructed me to send check for 45.00 directly to them with copy enclosed for local chapter.

For
Chapter
Use

Date of receipt of completed application and all necessary dues payments by the local chapter
1/14/93 (This is the applicant's official join date)

- Chapter review found applicant eligible.
- Chapter review found applicant ineligible. Please state reason here or on a separate page and forward to the AIA Secretary.

Reason E. Erisson 1/14/93
 Signature and Date

Chapter should return all completed applications to:
AIA Membership Applications, P. O. Box 80363, Baltimore, MD 21280-0363.

THE AMERICAN INSTITUTE OF ARCHITECTS



March 1, 1993

R C Abrahamson, AIA
Member #: 17509
R C Abrahamson AIA
8 Dexter Rd
Wellesley, MA 02181

Dear Mr. Abrahamson:

It is a pleasure to inform you that your membership classification has been changed to Member Emeritus.

We are grateful for your many years of support, and we hope that your participation and interest will continue.

Sincerely,

A handwritten signature in black ink, appearing to read "Betsey O. Dougherty, FAIA".

Betsey O. Dougherty, FAIA
Secretary

cc: Boston Society of Architects/AIA
AIA Massachusetts