



The American Institute of Architects

APPLICATION FOR MEMBERSHIP

APPLICATION NO AP 13899

Dated May 13, 19 58
Received August 11, 19 58
Granted Sept. 23 19 58

MEMBERSHIP NO 13899

- A Name of applicant James Sherman Thomas Hudson Chapter Cleveland
- B Address of applicant 2528 Streetsboro Rd., Cleveland, Ohio
- C Application received with check for \$ 20.00 on Aug. 11, 19 58.
- D Application returned for correction 19 ..
- E Application in due order on Aug. 11, 19 58. ✓ 9
- F Acknowledgments to applicant and chapter on Aug. 21, 19 58.
- G Certified resolution of chapter executive committee recommending admission Aug. 11, 19 58.
~~or that applicant be denied~~ received on
- H Record of registration, Form S39, Sent May 19, 19 58. Received. Aug. 11, 19 58.
- I The applicant has been examined as to his professional qualifications by
State of Ohio Board of Examiners of Architects
- J The applicant is currently registered as an architect or licensed to practice
architecture in the states of Ohio
- K Application sent to The Committee on Membership Sept. 16, 19 58.
- L The Committee on Membership reported on application on Sept. 16, 19 58.
- M The applicant was requested 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.**

Date Sept. 16, 19 58

THE COMMITTEE ON MEMBERSHIP

Charles B. Gule
.....
D. A. Hopp
.....
Lea Brown
.....
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 James Sherman Thomas to membership in The Institute, and hereby declare him to be a corporate member of The Institute and assign him to membership in the Cleveland Chapter.

Date Sept. 23, 19 58.

Edward Swenson
.....
Secretary

- N Applicant admitted on Sept. 23, 19 58
- O Notice to applicant and notice of assignment to chapter on Sept. 23, 19 58
- 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.

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 **James Sherman Thomas**
- 2. I am a **Natural** citizen of the United States.
- 3. My legal residence is in the City of **Hudson, Summit, Ohio**

County of _____ State of _____

4. My address in The Institute records will be

Number **2528** Street **Streetsboro Road**
City **Hudson** Zone _____ State **Ohio**

Has office in Cleveland

- 5. I am engaged in the profession of architecture as **a Practicing Architect**
- 6. I desire to be a member of the **Cleveland, Ohio** Chapter.
- 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—a 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.

Date **May 13** 19**58**

James Sherman Thomas
Applicant sign full name in ink

PAID
\$20.00 - 8/11/58

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State whether natural or a naturalized citizen.

State whether residence or office address.

State whether a practicing architect, a teacher, a public official,

STATISTICS

10. Date of birth **Nov. 9, 1922** Place of birth **Cleveland, Ohio**

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

State of Ohio

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

State of Ohio

(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:

<i>Name of School, College, University</i>	<i>Location</i>	<i>No. of Years</i>	<i>Year of Graduation</i>	<i>Degree</i>
Shaker Heights High	Shaker Heights, Ohio	4	1941	
Ohio University	Athens, Ohio	1½		None
Western Reserve University	Cleveland, O.	4½		Bach. of Arch.

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

Team Member - 1st Prize Rome Collobative 1949
Traveled: British Isles, France, Holland, Germany, Italy & N. Africa

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

<i>Employer's Name-Address</i>	<i>Type of Business</i>	<i>Classification of Position</i>	<i>Period of Employment by month and year</i>
Barber & Magee	Structural Engrs.	Struc. Draftman	1949 - 1952
R. H. Cutting & Assoc.	Architect & Engrs.	Architect	1952 - 1957
Hargett, Yanda & Barber	Consulting Engrs.	Architect	1957 - Present
J. W. Thomas	Architect	Architect	See Note *

* **Worked with my father on Architectural Projects from 1947 to 1956 - Father now retired.**

*(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.)

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.)

	<i>From</i>	<i>To</i>
aga — R. H. Cutting & Assoc.	1952	1957
aga — Barber, Magee & Hoffman	1957	1958
aga — Hargett, Yanda & Barber	1957	Present

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. **None**

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:

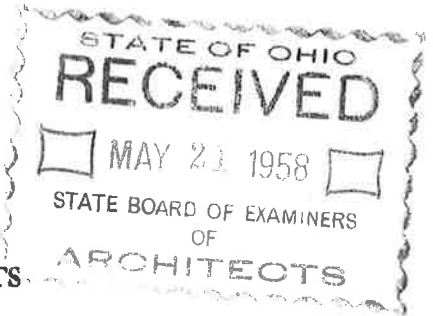
- 18. Member of Institute from _____ to _____
- 19. Junior of Institute from _____ to _____
- 20. Associate of _____ Chapter from _____ to _____
- 21. Junior Associate of _____ Chapter from _____ to _____
- 22. Student Associate of **Cleveland** Chapter from **1948** to **1950**
- 23. Member of State 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.

- aga Anthony S. Ciresi Member 7113 Euclid Avenue Address
- aga Joseph Ceruti Member 7113 Euclid Avenue Address
- aga C. Merrill Barber Member 1900 Euclid Avenue Address
- Rev. John B. Walbridge Reference Hudson, Ohio Address
- Mr. John D. Price Reference 1372 Eriewood Dr., Rocky River, Ohio Address

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THE AMERICAN INSTITUTE OF ARCHITECTS
Cleveland

(Chapter)

20500 Halifax Road
Cleveland, Ohio

SECRETARY,

BOARD OF ARCHITECTURAL EXAMINERS,

Address Rm. 2750 - 50 West Broad Street,
Columbus 15, Ohio

RECORD OF REGISTRATION

OF

James Sherman Thomas

(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. Please complete and return two of the enclosed forms.

Date May 19 19 58

Lottie B. Helwick
Chapter Secretary

Lottie B. Helwick, Chairman - Membership Comm.
20500 Halifax Road, Cleveland 22, Ohio.

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? Arch. History, Composition, Design, Construction, Structural Graphics, Sant., Heat. & Vent., Elec. Work, Specifications, Practice and Supervision.
4. What was the period of the examination? four 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 Jan. 16, 19 53 Registration No. 2100 Is it current? Yes

[Signature]
(Signature of Secretary of Board)

Date May 21, 19 58

Executive Secretary

State of Ohio (Name of Board)
STATE BOARD OF EXAMINERS OF ARCHITECTS

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THE AMERICAN INSTITUTE OF ARCHITECTS

1735 NEW YORK AVENUE, N. W.
WASHINGTON 6, D. C.

September 23, 1958

Mr. James Sherman Thomas, A.I.A.
2528 Streetsboro Road
Cleveland, Ohio

Hudson

Dear Mr. Thomas:

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. You will receive shortly a certificate of membership duly executed by the officers of The Institute.

You are assigned to the Cleveland Chapter and the Architects Society of Ohio, effective September 23, 1958.

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,

Edward L. Wilson
Secretary

Enclosures



THE	1735 New York Avenue, N.W.
AMERICAN	Washington, D.C. 20006
INSTITUTE	Telephone: (202) 626-7300
OF	Cable Address: AMINARCH
ARCHITECTS	Telex: 710822 1112

March 18, 1985

Mr. James S. Thomas
2528 Streetsboro Road
Hudson, OH 44236

Dear Mr. Thomas:

Thank you for your 1985 dues payment of \$150.00. We have credited it to your account but your membership lapsed on May 31, 1984 due to nonpayment of supplemental dues, or no response. Please fill out the enclosed application and please state whether you are liable for supplemental dues or not. Also, we will need a \$25.00 reinstatement fee.

If you have any questions please write or call me at (202) 626-7392.

Thank you.

Sincerely,

A handwritten signature in cursive script, appearing to read "Peggy".

Peggy Lytton
Membership Procedures

cc: Cleveland Chapter, AIA
Architects Society of Ohio, AIA

PLEASE COMPLETE, BEING SURE TO INCLUDE YOUR FULL NAME, ADDRESS AND ID NUMBER.

MEMBER INFORMATION

AIA Membership Number 7759509

J. Sherman Thomas
2528 Streetsboro Road
Hudson, OH 44236

PLEASE INDICATE IF ADDRESS ABOVE IS YOUR HOME OR BUSINESS ADDRESS

ALL MEMBERS MUST COMPLETE THE INFORMATION REQUESTED BELOW. SEE INSTRUCTIONS ABOVE REGARDING SUPPLEMENTAL DUES.

REGULAR DUES

\$

SUPPLEMENTAL DUES

I am not obligated to pay supplemental dues because I am neither an owner nor manager in the firm. (Proceed to Step 4)

I am an owner or manager in a firm which provides professional services. The responsibility for supplemental dues is being met by the AIA member whose name and membership number I have listed.

Name _____ Membership Number _____
(Proceed to Step 4)

I am a sole proprietor with no registered architects working for me. I have enclosed \$70 supplemental dues in addition to the regular dues. (Insert \$70 in box on right and proceed to Step 4)

Box A

I am an owner or manager in a firm which provides professional services. Payment for supplemental dues for that firm is enclosed and calculated as follows:

TOTAL number of registered architects _____ x \$170 = \$ _____
(in firm as of January 2, 1985 or on date of payment if payment is made earlier).

SUBTRACT number of AIA members _____ x \$100 = \$ _____

TOTAL Box B

* List here or enclose listing of names and AIA membership numbers for each AIA member in firm whose supplemental dues obligation is fulfilled by the payment. To qualify for the member credit, a list of AIA members must be enclosed. (Use additional sheet if necessary.)

Member Name _____ No. _____

TOTAL PAYMENT OF SUPPLEMENTAL DUES FROM BOX A OR B

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THE AMERICAN INSTITUTE OF ARCHITECTS

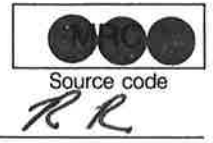
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7759509
RECEIVED
APR 12 1985



1985 APPLICATION FOR MEMBERSHIP

(Fill out all parts of this form; read instructions on reverse side carefully and complete supplemental dues information, if applicable.)

1. Mr. Mrs.
Ms. Miss NAME James S. Thomas DOB 11/09/22

2. ADDRESS
Residence 2528 Streetsboro Road Summit Phone 216/653-6321
Street County
Hudson, OH 44236
City State Zip
Firm or Organization Name Dalton Dalton Newport
Your Title (please be specific) Sr. Associate
3605 Warrensville Center Road Cuyahoga Phone 216/283-4000
Street County
Cleveland Ohio 44122
City State Zip

FOR MAILINGS please use my business residence

PRIMARY PROFESSIONAL ACTIVITY—Please check only ONE category to indicate your primary professional field of employment (numbered by BPA standards).

- 1 Architectural, Architectural-Engineering Firm or Architect or Architect-Engineer in Private Practice. 2 Consulting Engineering Firm or Engineer in Private Practice 4 Contractor or Builder 5 Government 6 Commercial/Industrial/Institutional (including manufacturers, stores, hotels, restaurants, transportation companies, utilities, institutions, hospitals, churches, banks, savings & loans, mortgage companies, realty companies, developers, insurance companies and shopping centers.) 7 University, College or School 8 Public Library, Professional Club, Society or Trade Association 9 Other (please specify) Architect Society of Ohio

3. I am applying for membership in The American Institute of Architects, and assignment to the Cleveland 282-13 Chapter of the AIA, and understand that upon acceptance, I will also be enrolled as a member of the state organization.

4. I am a legal resident of and am registered to practice architecture in the United States. The state(s) and the month and year of initial registration in each one are as follows: (Please attach evidence of current registration in one state and complete below.)

State	Date	State	Date

5. I am or previously have been an AIA member Yes No. I was an Associate AIA Member. Give prior membership information:
Cleveland 1984 no response to non payment of sup. dues
CHAPTER DATES OF MEMBERSHIP REASON FOR MEMBERSHIP LAPSE

6. AIA's Affirmative Action programs require that we identify women and federally defined minorities. Please check appropriate designation.
 White Black Hispanic Indian/Eskimo/Aleut Asian/Pacific Islander Female Other

7. Honorable standing in the profession and community is verified by the following Sponsors, who are AIA members in good standing and who must be available for contact by the local Chapter: (Sponsor signature not required if reinstating or advancing membership.)

NAME	PHONE	CHAPTER	SPONSOR SIGNATURE
()			
NAME	PHONE	CHAPTER	SPONSOR SIGNATURE

8. I declare that the above information is accurate and complete. I am aware of the statement of Ethical Principles published by the Institute as a voluntary guide for professional performance and behavior. I understand that, as a member, I will be subject to the duties, obligations and responsibilities as set forth in the relevant provisions of the AIA Bylaws, Rules of the Board and policies of the Institute.

9. I enclose my check for the admission fee and the first year's annual dues, of which \$16 is for a year's subscription to ARCHITECTURE and \$7.40 for ARCHITECTURAL TECHNOLOGY. I understand that if I am not admitted to membership, the dues will be returned to me and the admission fee retained by the AIA as an administrative fee.

J. Thomas 4/09/85
APPLICANT'S SIGNATURE DATE

10. RECOMMENDATION OF CHAPTER ON APPLICATION

The Executive Committee of the Cleveland Chapter, AIA, has reviewed this application for accuracy and completeness and recommends this applicant for AIA Membership. (If acceptance is not recommended, please attach a statement setting forth reasons why the applicant does not meet the qualifications set forth in the AIA Bylaws.)

L. Siefert for R. Bauwarchand 4/10/85
(Signature - must be of Chapter President or Secretary) (Date)

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STATE OF OHIO
BOARD OF EXAMINERS OF ARCHITECTS
ANNUAL RENEWAL

This is to Certify that

IDENTIFICATION
NUMBER

16-53-2100

J. SHERMAN THOMAS
2528 STREETS BORO RD
HUDSON OH 44236

12/31/85

Expiration Date

has met the requirements of the law, is duly registered, and is entitled to
practice Architecture and to use the title ARCHITECT in the State of Ohio
until the expiration date.

License Number 002042


EXECUTIVE DIRECTOR



THE
AMERICAN
INSTITUTE
OF
ARCHITECTS

1735 New York Avenue, N.W.
Washington, D.C. 20006
Telephone: (202) 626-7300
Cable Address: AMINARCH
Telex: 710822 1112

May 15, 1985

Mr. James S. Thomas, AIA
2528 Streetsboro Road
Hudson, OH 44236

Dear Mr. Thomas:

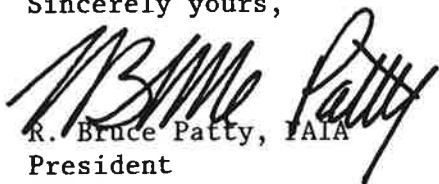
We are pleased to inform you that your membership in The American Institute of Architects has been restored.

You are assigned to the Cleveland Chapter and Architects Society of Ohio of the AIA effective this date, and the normal flow of regular AIA mailings will resume within six weeks.

It is a pleasure to welcome you back to AIA membership. Your renewed interest and support are important to the over 44,000 architects who now comprise the AIA. I urge you to take an active part in your Chapter's activities and the programs offered by the Institute, particularly in the areas of professional development, community action programs, and design issues.

Should you have any questions or if we can be of assistance in the future, please feel free to call upon us.

Sincerely yours,


R. Bruce Patty, AIA
President

cc: Cleveland Chapter, AIA
Architects Society of Ohio, AIA