

Larson, Albert O.  
Minnesota

*Handwritten notes*

Prefim. Fee	25 <sup>00</sup>	2/5/29
Initiation	25 <sup>00</sup>	2/5/29
Unan. Exp.		
Exhibits	Final send?	
Jan. Conv. of		1929

### Application for Membership

To the Secretary of The American Institute of Architects.

I hereby apply for Membership in The American Institute of Architects, and certify that the following statements are correct:

Name Albert O. Larson

Address 308 Baker Building, Minneapolis, Minnesota

Place and date of birth St. Paul, Minnesota Aug. 24, 1893

Graduate in architecture \_\_\_\_\_  
[Give name of institution and year. Diploma or Certificate of graduation (or photostatic copy) must accompany this application.]

Holder of Scholarship in architecture \_\_\_\_\_  
[If required in your case, attach evidence (or photostatic copy).]

Passed the qualifying examinations of the Royal Institute of British Architects, or the examinations for the first class of the Ecolé des Beaux Arts \_\_\_\_\_  
[If required in your case, state which, and attach evidence of Certificate (or photostatic copy).]

If your State has a Registration or License Law and you are not registered, state reasons \_\_\_\_\_

If practicing architect, firm name Larson & McLaren

Have been in practice 7 years. If draughtsman, employed by \_\_\_\_\_

Collegiate and office training St. Paul Art Institute--Atalier Masqueray--Univ. of Penna.

I have carefully examined the Constitution and By-Laws of the Institute and the circular of advice relative to "Principles of Professional Practice," and I agree, if elected, honorably to maintain them.

I further agree, if elected to membership in The American Institute of Architects, that if at any time my membership shall cease, either by my own resignation or by any action taken by the Institute, I will then, by that fact, relinquish all rights of any character that I may have acquired by reason of such membership in the property, real or personal, of The American Institute of Architects, and of the Chapter of the Institute of which I am then a member.

(1) Albert O. Larson  
[Signature of Applicant.]

I hereby certify that the signer of this application was duly elected an Associate of the Minnesota

Chapter, A. I. A., on the following date May 11, 1923 (2) Louis B. Bursbach  
[Insert date of election to chapter.] [Signature of the Secretary of the chapter.]

If the applicant is not an Associate, the following acknowledgment must be signed:

Without endorsement I hereby take note on behalf of my chapter that this applicant is applying for Institute membership (3) \_\_\_\_\_  
[Signature of President or Secretary of Chapter to which the applicant will be assigned if elected.]

We, the undersigned members of the American Institute of Architects, have carefully examined the foregoing statement by the applicant and believe it to be correct. We know the applicant personally, and consider that his work and practice warrant his admission to Membership.

Registration or License Number. (4) \_\_\_\_\_

(Essential if Registered) (5) \_\_\_\_\_

It is not mandatory that applicants from Registration or License law states be registered or licensed. But the current number of Registration or License must appear here if the applicant is registered or licensed. (6) \_\_\_\_\_

(7) 550 (Minnesota)  
NUMBER

[The signatures of three Institute members are here required even if the applicant has the unanimous endorsement of his Chapter, in which case certification to that effect should be made above by the Secretary. Unanimous endorsement is that endorsement in which each Institute member of the Chapter had an opportunity to express himself by letter ballot either for or against the applicant proposed, and in which there were no negative votes. No other form of unanimous endorsement will be accepted.]

Also registered in Wisconsin and South Dakota.

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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.

In Due Order  
*J.H. Gorman*  
Head  
Membership Dept.  
A. I. A.



The American Institute of Architects  
APPLICATION FOR CORPORATE MEMBERSHIP

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

1. My full name is Albert Oliver Larson
2. I am a natural citizen of the United States.
3. My legal residence is in the City of Minneapolis  
County of Hennepin State of Minnesota
4. My address in The Institute records will be  
Number 3932 Street West 49th ST.  
City Edina Zone 24 State Minnesota
5. I am engaged in the profession of architecture as a practicing architect
6. I desire to be a member of the Minneapolis 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. ~~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.~~  
THE INSTITUTE TREAS. HAS \$25.00 CREDIT ON MY ACCT.

Date May 15 1963

*Albert Oliver Larson*  
Applicant sign full name in ink

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2. State whether a natural or a naturalized citizen

4. State whether residence or office address

5. State whether as a practicing architect, a teacher, a public official, etc.



## STATISTICS

10. Date of birth Aug. 24, 1893 Place of birth Saint Paul, Minn.

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

Minnesota, Florida, Iowa, Wisconsin, N. Dakota, S. Dakota, Mont.

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

Minnesota

(c) I hold Certificate No. 359 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>
Central High School	St. Paul, Minn	4	1918	
St. Paul Institute of Art		2		
Beaux Arts Society Atelier				
Masqueray		1		
University of Pennsylvania		2		

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

Past President - Minnesota Association of Architects  
 Past President - Minnesota Society of Architects, A. I. A.  
 Past Director - Minneapolis Chapter, A. I. A.

### 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>
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\*(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.)

From To

Larson and McLaren, Archts. 1922 to present time.

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 1929 to 1959
- 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

*Perm. 6/19/59  
102 pp. full year's dues*

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.

<p><i>asa</i> John R. Magney <small>Member</small></p> <p><i>asa</i> Edwin W. Kroff <small>Member</small></p> <p><i>asa</i> George H. Chute <small>Member</small></p> <p><i>asa</i> Cyrus L. Bissell <small>Reference</small></p> <p><i>asa</i> John D. Belair <small>Reference</small></p>	<p>808 Fisher Turn - Dept 2 <small>Address</small></p> <p>1420 So Pine Bluff Npks <small>Address</small></p> <p>1911 Nicollet Ave. Dept 3 <small>Address</small></p> <p>1111 Nicollet Ave - Dept - 3 <small>Address</small></p> <p>1111 Nicollet Ave Mpls - 3 <small>Address</small></p>
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# RECORD OF REGISTRATION

RECEIVED  
AUG 7 1963

THE AMERICAN INSTITUTE OF ARCHITECTS

-----  
Minneapolis Chapter  
(Chapter)

-----  
Minneapolis, Minnesota  
(Address)

SECRETARY,  
BOARD OF ARCHITECTURAL EXAMINERS.  
Address New York Building, St. Paul, Minnesota

-----  
Albert O. Larson  
(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 August 5, 19 63

Frederick J. Bentz  
FREDERICK J. BENTZ 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? Mr. Larson was examined orally and presented exhibits of his work.
4. What was the period of the examination? \_\_\_\_\_ days. Written examination \_\_\_\_\_ 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 11-1 19 26. Registration No. 550. Is it current? Yes

Heaven D. Carlson Secy  
(Signature of Secretary of Board)

Date August 7 19 63

Minn. State Bd. of Reg. for A. E. & L.S.  
(Name of Board)

AUG 23 1963

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A.I.A. Form H-315  
10,000-2-61

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10,000-2-61

**LARSON AND MCLAREN**

FILE COPY - PLEASE RETURN

*Larson, Albert O.*  
**Architects**

**1901 FOSHAY TOWER**

**MINNEAPOLIS, MINN.**

**MA. 2581**

3932 W. 49th St.

Dear Mr. Sevian

Thanks for your letter  
of August 27th. I enclose check  
to cover balance of 35<sup>00</sup>

Yours very truly  
ALBERT O. LARSON

detached  
& sent  
to Accounting  
9/9/62

SEP 9 1962

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