



THE AMERICAN INSTITUTE OF ARCHITECTS

Application No. 654
 Dated: April 9, 1969
 Received: April 28, 1969
 Granted: May 15, 1969

To The Secretary and
 The Committee on Membership
 The American Institute of Architects

SUMMARY OF APPLICATION FOR CORPORATE MEMBERSHIP

- A. Name of applicant Robert Lawrence Stilwell Chapter St. Paul
c/o Ellerbe Architects
- B. Address of applicant 333 Sibley Street, St. Paul, Minnesota 55101
- C. Application held pending receipt of: Received
- D. Applicant favorably recommended for election by Chapter. Yes No

May 9, 1969

DATE

MANAGER, MEMBERSHIP PROCEDURES

CERTIFICATION OF ELECTION AND ASSIGNMENT

As the Committee on Membership and the Secretary of the American Institute of Architects, I hereby certify that, under authority vested in me by the Board of Directors, I have this day elected **Robert Lawrence Stilwell** and hereby declare him to be a corporate member of the Institute and assign him to membership in the St. Paul Chapter, AIA.

May 15, 1969

DATE

SECRETARY

- E. Notice to applicant and notices of assignment to component(s) on May 15, 1969
- F. Notice of denial of application to applicant and chapter and \$ _____ returned to applicant on _____

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THE AMERICAN INSTITUTE OF ARCHITECTS

INSTRUCTIONS
 Type or print all information carefully and sign with ink. Mail both copies to the Secretary of the local Chapter, with check for \$20.00 made payable to 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 Lawrence Stilwell

2. I am a citizen of the United States. Yes No
(If not a citizen, attach explanation and justification for possible waiving of citizenship requirement by The Board of Directors.)

3. My residence address is: 944 Lombard Avenue
(NUMBER) (STREET)
St. Paul Ramsey Minnesota 55105
(CITY) (COUNTY) (STATE) (ZIP CODE)

4. My business address is: 333 Sibley Street
(NUMBER) (STREET)
St. Paul Ramsey Minnesota 55101
(CITY) (COUNTY) (STATE) (ZIP CODE)

Please use my Business address as my official Institute address
(BUSINESS) OR (RESIDENCE)

5. I desire to be a member of The Saint Paul Chapter, AIA.

6. 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.

7. I am not indebted to The Institute or to any of its component organizations.

8. 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. 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 April 9 1969

Robert Lawrence Stilwell
(APPLICANT'S FULL SIGNATURE, IN INK)

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4/28/69 PD. #35

15. Do you practice architecture? Yes

STATISTICS

- 9. Date of birth December 20, 1935 Place of birth Mason City, Iowa
- 10. I am registered or licensed to practice architecture in the following-named states; with year first registered in each:

Minnesota - #8684 1968

EDUCATION

- 11. (a) I attended colleges and universities as follows:

NAME OF COLLEGE OR UNIVERSITY	LOCATION	NO. OF YEARS	YEAR OF GRADUATION	DEGREE
University of Minnesota	Minneapolis	4	1961	B.A.
University of Minnesota	Minneapolis	2	1963	B. Arch.

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

PROFESSIONAL TRAINING AND PRACTICE

- 12. I have been employed or in practice during the past three years as follows:
(NOTE: Be sure to include current status of employment or practice.)

EMPLOYER'S NAME AND ADDRESS	EMPLOYER'S BUSINESS	CLASSIFICATION OF POSITION	PERIOD OF EMPLOYMENT	
			From	To
Ellerbe Architects 333 Sibley Street Saint Paul, Minnesota 55101	Architecture- Engineering	Project Architect	1962	- Present

- 13. Are you engaged in any manner in building contracting? Explain

No

- 14. Is your employer engaged in any manner in building contracting? Explain

No

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City, Iowa
th year first regis-

BUSINESS AFFILIATIONS

15. Do you participate or own an interest in any business which could prejudice your professional judgment?
Yes _____ No. X (If yes, please explain.)

**PRESENT OR PREVIOUS MEMBERSHIPS AND APPLICATIONS
IN ARCHITECTURAL ORGANIZATIONS**

16. I have previously applied for membership or associateship in the None
Chapter of The American Institute of Architects. The details concerning this application are as follows:

17. Member of Institute from _____ to _____

18. Professional Associate of _____ Chapter from _____ to _____

19. Associate of _____ Chapter from _____ to _____

20. Junior Associate of _____ Chapter from _____ to _____

21. Name of any other architectural organization of which you are a member

Gargoyle Club of Saint Paul

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.

Allan H. Meinecke, AIA 333 Sibley Street, St. Paul
*MEMBER ADDRESS

William R. Shannon, AIA 333 Sibley Street, St. Paul
*MEMBER ADDRESS

Wayne R. Winsor, AIA 333 Sibley Street, St. Paul
*MEMBER ADDRESS

Donald C. Nelson 333 Sibley Street, St. Paul
MEMBER OR OTHER REFERENCE ADDRESS

Cecil T. Griffith 333 Sibley Street, St. Paul
MEMBER OR OTHER REFERENCE ADDRESS

* Type or print full names of references

RECEIVED
APR 21 1969



THE AMERICAN INSTITUTE OF ARCHITECTS

Record of Registration

St. Paul Chapter

(CHAPTER)

442 Hamm Building

(ADDRESS)

SECRETARY,
BOARD OF ARCHITECTURAL EXAMINERS

Helen D. Carlson

Pioneer Building, St. Paul, Mn.

(ADDRESS)

Robert L. Stilwell

(NAME OF APPLICANT)

Dear Sir:

To qualify for corporate membership in The American Institute of Architects, an applicant must be registered to practice architecture in one of the United States or its territorial possessions.

The above named applicant for such membership has stated that he is registered or licensed to practice architecture in your State.

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 Apr. 17, 1969

J. Van Housen
(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? History & Theory of Arch., Site Planning, Arch. Design, Bldg. Construction, Structural Design, Prof. Administration, Bldg. Equipment.
Oral Examination
4. What was the period of the examination? 4 days Written examination 36 hours; Oral examination 1/2 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 5-14-68 19____. Registration No. 8684. Is it current? yes

Helen D. Carlson
(SIGNATURE OF SECRETARY OF BOARD)
Executive Secretary

Date April 21 19 69

Minn. State Board of Registration for A.E. & L.S.
(NAME OF BOARD)



THE AMERICAN INSTITUTE OF ARCHITECTS

May 15, 1969

Mr. Robert Lawrence Stilwell, AIA
c/o Ellerbe Architects
333 Sibley Street
St. Paul, Minnesota 55101

Dear Mr. Stilwell:

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 the near future, you will receive some literature regarding The Institute, which we hope you will find interesting, and a lapel emblem. In approximately one month you will receive a certificate of membership, either directly from The Institute or through formal presentation by the Chapter.

You are assigned to the St. Paul Chapter and the Minnesota Society of Architects of the AIA, effective May 15, 1969.

I sincerely hope that you will take an active and interested part in your Chapter's activities. The Chapter is the cornerstone of The Institute's strength where the policies which advance our profession are developed. Members who are active in Chapter affairs gain the most from AIA as professional men and provide the leadership which AIA needs to meet the challenges and opportunities which the future holds for architecture.

I want you to feel free to call on any of The Institute officials or staff members any time the need arises.

Sincerely yours,

George E. Kassabaum, FAIA

NOTICE OF TERMINATION OF MEMBERSHIP

EFFECTIVE DATE: 8/31/73 For non-response to Regular Dues \$ 91.00 and/of Supplemental Dues XXXXXXXXXXXXXXXXXX

This notice has been delayed in the hope that you would respond to the Notice of Impending Termination which was forwarded to you approximately sixty days ago. Since there was no reply to this final request for dues payment, we are compelled to terminate your membership in The American Institute of Architects, effective this date.

Sincerely,

Hilliard T. Smith, Jr.
HILLIARD T. SMITH, JR.
Secretary.

The American Institute of Architects

651185-1
STILWELL, R L
WINSOR/FARICY ARCHITECTS
260 METRO SQUARE
ST PAUL MN 55101

253

(Copy to State and Chapter organizations)

Please check one box

New Member

Former Reinstating Member

Advancing from associate membership (may also use Advancement Form)



175

176

Source Code

APPLICATION FOR AIA MEMBERSHIP

#22189561

RR

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

1. Mr. Mrs.
 Ms. Miss Name ROBERT L. STILLWELL Date of Birth 12/20/35
 Spouse's Name _____

2. Address Residence 225 FOSTER PLACE #8N COUNTY NEW YORK Phone (212) 945-4625
NEW YORK CITY N.Y. ZIP 10280

Firm or Organization Name HANSEN LIND MEISEL PC. (HLM)
 Your Title (please be specific) PROJECT DIRECTOR
216 E. 45th STREET COUNTY NEW YORK Phone (212) 697-4100
 CITY STATE ZIP 10017

FOR MAILINGS, please use my Business Residence address.

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
- 3 Design Firm (a. Architectural; b. Interior; c. Landscape; d. Other)
- 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 (a. Academic, Personnel, or Library; b. Student)
- 8 Public Library, Professional Club, Society, or Trade Association
- 9 Other (please specify) _____

237-10

3. I am applying for membership in The American Institute of Architects and assignment to the NYC Chapter of the AIA, and understand that upon acceptance I will also be enrolled as a member of the state organization. I understand that I will be responsible for payment of the fixed dues of these respective organizations.

I was encouraged to join the AIA by _____ of the _____ Chapter.

4. I am a legal resident of and am registered to practice architecture in the United States. (Please attach evidence of current registration in one state and complete below.)

MINNESOTA # 6684 DATE OF INITIAL REGISTRATION 1968 STATE _____ DATE OF INITIAL REGISTRATION 175.00

5. I am or previously have been an AIA member. Yes No I was an Associate an AIA member.

(Give prior membership information.)
ST. PAUL MN CHAPTER 1968-1973 DATES OF MEMBERSHIP FINANCIAL REASON FOR MEMBERSHIP LAPSE

6. The 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 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.

9. I enclose my check for the admission fee and the first year's annual dues, of which \$30 is for a one-year subscription to ARCHITECTURE magazine. 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.

Robert L. Stillwell APPLICANT'S SIGNATURE DATE _____

Complete pertinent information on reverse side and forward to your local chapter for completion of Step 10.

10. RECOMMENDATION OF CHAPTER ON APPLICATION — The Executive Committee of the _____ 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.)

[Signature] AUTHORIZED CHAPTER SIGNATURE DATE 5/3/88

NOTE: Unsigned applications cannot be processed.

CHAPTER MAILING INSTRUCTIONS:
 Send applications and national dues to the AIA,
 P.O. Box 57029, Washington, DC 20037.

APPLICATION INSTRUCTIONS

1. Please print or type information to complete application.
2. Include required **sponsors' signatures**.
3. **Sign** the application.
4. Attach a **check** for the correct amount of national dues/fees, as indicated at right, made payable to The American Institute of Architects.
5. Contact your local component to determine **local dues** and attach a separate check as needed.
6. **If you are a former member applying for readmission**, complete the section on supplemental dues; a worksheet is provided to assist you in figuring your national dues payment.
7. Include a photocopy of your **current state registration**, reflecting expiration date.
8. An authorized component signature is required; please **send your application to the secretary/executive of YOUR LOCAL COMPONENT**.

MEMBERSHIP DUES:

FULL PAYMENT MUST ACCOMPANY ALL APPLICATIONS.

NEW MEMBERS: \$150 (includes admission fee)

REINSTATING FORMER MEMBERS: \$175 (includes \$25 reinstatement fee) + supplemental dues (if owed)

Enter dues amount on line a. of dues worksheet below.

- Payments accompanying applications received by AIA headquarters between July 1 and September 15 will be credited in the amount of one-half regular (not supplemental) dues toward the following year.
- Payments accompanying complete applications received by AIA headquarters between October 1 and December 15 will cover annual dues through December of the following year.

LOCAL COMPONENT CONTACT:

(If no address indicated, please check your telephone book for local listing or call AIA headquarters at (202) 626-7392.)

(component stamp)

NYC/AIA
457 MADISON AVE.
NY 10022

AIA MEMBERSHIP

INTRODUCTION/CHAPTER ASSIGNMENT

AIA is a three-tiered membership organization whereupon the member is required to join the national, local, and state organizations. All members of the Institute shall be and remain members of the chapters and state organizations to which they are assigned or reassigned, and shall be obligated to pay dues to all three organizations. Information on local and state dues amounts can be obtained from the local chapter.

ELIGIBILITY

Every architect who is a legal resident of and has been granted a license or registration by any state, the District of Columbia, or any territory of the United States may apply for membership via the local AIA chapter serving the area in which the architect lives or works.

TITLE

Members in good standing may print and otherwise use in connection with their practice and work the initials "AIA" as a suffix to their names and the titles "Member of the American Institute of Architects" and "Member of the (assigned chapter or state organization) of the American Institute of Architects."

SUPPLEMENTAL DUES—REINSTATING FORMER MEMBERS MUST COMPLETE THIS PORTION.

(First-time members are not required to respond to supplemental dues until their second year of membership.)

Every member and former member reapplying who is an "owner or manager in an organization using registered architects to perform services for the public" is liable for supplemental dues. To satisfy this requirement, all former members **must check the appropriate designation below and include payment for the total amount of dues that applies.**

I AM NOT LIABLE.

(HANSEN, LIND MEYER COVERS)

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

NAME

FIRM

MEMBERSHIP NUMBER

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 for supplemental dues on line b. of worksheet below.)

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

1. Count the number of all Registered Architects employed, including yourself and any partners. _____ × \$170 = _____

2. Count the number of AIA members (do not include Associate or Emeritus). _____ × \$100 = _____ credit

3. Subtract figure reached in Step 2 from figure in Step 1. This is your supplemental dues amount. Enter total on line b. \$ _____

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

Member Name _____ No. _____

Member Name _____ No. _____

DUES WORKSHEET

a. Current Dues (includes admission fee)	+		\$ 150 ⁰⁰
PLUS			
b. \$25 Reinstatement Fee (former members only)	+		\$ 25 ⁰⁰
PLUS			
c. Supplemental Dues (if applicable)	=		\$ —
EQUALS			
d. TOTAL REMITTANCE			\$ 175 ⁰⁰

IS-00106-01

State of Minnesota

BOARD OF ARCHITECTURE ENGINEERING LAND
SURVEYING AND LANDSCAPE ARCHITECTURE
162 METRO SQUARE ST PAUL MN 55101

HAS ISSUED
ARCHITECT LICENSE

COMPUTER NUMBER 1289781 LICENSE NUMBER 008684 6

To: ROBERT L STILWELL

20 OAK GROVE DRIVE
MADISON WI 53717

EFFECTIVE DATE 07-03-86 0000-0000 00-00-00 EXPIRATION DATE 06-30-88

State of Minnesota

BOARD OF AELSLSA
162 METRO SQUARE
ST PAUL MN 55101

HAS ISSUED
ARCHITECT LICENSE

To: ROBERT L
STILWELL

EFFECTIVE DATE 07-03-86
LICENSE NUMBER 008684 6
0000-0000 00-00-00

EXPIRATION DATE
06-30-88

COMPUTER NUMBER 1289781
DEPOSIT-BATCH 28-
FEE \$ 44.00 28
CO