

MEMBER



AMERICAN INSTITUTE of  
BUILDING DESIGN

## How to Join:

- Complete this AIBD form and return it to the person recruiting you or send it directly to the AIBD office.
- Associate membership for individuals representing a national Corporate member is included in the national membership. Local society or chapter dues may apply.

## Contact:

Phone: 800-366-2423

Fax: 866-204-0293

Email: [info@aibd.org](mailto:info@aibd.org)

Address:  
110 Front Street  
Suite #300  
Jupiter, FL 33477  
[www.AIBD.org](http://www.AIBD.org)

## MEMBERSHIP FORM

### GENERAL INFORMATION

Full Name (as you would like it to appear on your certificate): \_\_\_\_\_

Nickname: \_\_\_\_\_ Business Name: \_\_\_\_\_

Business Street Address: \_\_\_\_\_

Unit/Suite: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Fax Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Website: \_\_\_\_\_ Birthday: \_\_\_ / \_\_\_ / \_\_\_\_\_

Professional Designation(s): \_\_\_\_\_

### CATEGORIES OF MEMBERSHIP

- Associate (\$160)** - Individuals whose business interests are local and related to building design and construction.
  - Associate (\$0)** Check here if you are a representative of a current **National Corporate Member**.
- Educator (\$70)** - Instructors of subjects pertinent to the profession of residential and building design.
- Professional (\$289)** - Individuals who are practicing residential or light commercial building design.
- Student (\$15)** - Individuals participating, either full-time or part-time, in a curriculum of instruction in any design or construction field at any university, college, vocational school or high school. **Please provide a school transcript or other form of verification of current enrollment with this application.**

### RECRUITMENT (Were you referred or recruited by a current AIBD member?)

YES - Name: \_\_\_\_\_

NO - How did you hear about AIBD?: \_\_\_\_\_

### PAYMENT INFORMATION

VISA     MasterCard     American Express     Discover     Paying by check

Total Amount to be Charged: \$ \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_ / \_\_\_ CVV: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_

### APPROVAL

- By checking this box, I hereby affirm I will comply with the Terms and Conditions of membership and abide by the AIBD Code of Ethics and Conduct: [AIBDmember.org/terms.pdf](http://AIBDmember.org/terms.pdf)

Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

I HEREBY CERTIFY THAT ALL INFORMATION ON THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE.

*Building a better residential building design profession, one designer at a time.*