

# AIBD Individual Membership Application

Application is hereby made for membership in the American Institute of Building Design in the following designated membership classification. If elected to membership, I agree to abide by all the requirements and conditions of the American Institute of Building Design.

**1. CLASSIFICATION OF MEMBERSHIP:** (Please refer to the Membership Levels document for complete descriptions)

Professional Building Designer     General     Educator     Design Student     Associate

**2. PERSONAL DATA:** (TO BE COMPLETED BY ALL APPLICANTS ♦ Please print using black ink)

Full Name \_\_\_\_\_ Nickname \_\_\_\_\_  
 (As you would like it to appear on your membership certificate – Company name only will appear on Associate certificate)

Company/Firm Name \_\_\_\_\_

Business Address Street \_\_\_\_\_  
 Suite/Unit \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Residence Address Street \_\_\_\_\_  
 Apt. /Unit \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Phone Numbers Business ( \_\_\_\_\_ ) Home ( \_\_\_\_\_ )  
 Facsimile Alternate ( \_\_\_\_\_ )

E-mail \_\_\_\_\_ Birth Date \_\_\_\_\_

Web Page Address \_\_\_\_\_

**SEND MAILINGS TO:**     Business     Residence    **PERMISSION TO SEND NOTICES BY E-MAIL:**     Yes     No

IF YOU HAVE OTHER DESIGNATIONS, PLEASE CHECK ALL THAT APPLY:     Certified Professional Building Designer     Architect     Engineer  
 Licensed/ Certified Building Contractor     Licensed/Certified Interior Designer  
 Licensed/Certified Building Inspector     Certified Kitchen/Bath Designer

**3. DESIGN AND/OR DRAFTING EXPERIENCE:** (TO BE COMPLETED BY PROFESSIONAL & GENERAL APPLICANTS ONLY ♦ Please print using black ink ♦ Begin with most recent employer/business entity ♦ Use additional pages if necessary and attach to application)

Name, Address & Telephone	Type of Business & Position	# Years
A.		
B.		
C.		
D.		

All applicants shall include an employment verification letter from each employer stating type of business, work description, position held and length of employment. If part-time work is listed, please state average number of hours per week.

**4. DESCRIPTION OF EMPLOYMENT RELEVANT TO SECTION 3:** (TO BE COMPLETED BY PROFESSIONAL, GENERAL & EDUCATOR APPLICANTS ONLY ♦ Please print using black ink)

A. \_\_\_\_\_  
 B. \_\_\_\_\_  
 C. \_\_\_\_\_  
 D. \_\_\_\_\_

