

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 page, if you received the inquiry folder, when filling out the application.

A. PROFESSIONAL MEMBER

Professional Building Designer

B. GENERAL MEMBER

Building Designer

Design Intern

Drafting Technician

C. ALLIED MEMBER

Educator [#s 3 & 7 not applicable.]

Design Student [#s 3, 4 and 7 not applicable.]

Associate [#s 3, 4, 5, 6 and 7 not applicable.]

2. PERSONAL DATA:

name _____ firm name: _____ birth date: _____

firm address [street, city, state, zip code] _____

residence address [street, city, state, zip code] _____

business phone (____) _____ home phone (____) _____ fax (____) _____

email _____ **SEND AIBD MAILINGS TO:** business residence

Are you a(n): architect engineer licensed contractor certified interior designer certified kitchen/bath designer

3. DESIGN AND/OR DRAFTING EXPERIENCE: begin with present employer

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, state average number of hours per week.

4. DESCRIPTION OF EMPLOYMENT RELEVANT TO QUESTION NO. 3

A. _____

B. _____

C. _____

D. _____

F O R M O R E I N F O R M A T I O N , C A L L (8 0 0) 3 6 6 - 2 4 2 3

(Please see reverse)

5. EDUCATION:

LEVEL	SCHOOL NAME	ADDRESS	DEGREE	#YEARS
HIGH SCHOOL				
COLLEGE				
TRADE SCHOOL				
OTHER				

6. DESCRIPTION OF EDUCATION LISTED ABOVE AS IT RELATES TO BUILDING DESIGN: if education is part of qualifications/experience, include a copy of transcript, letter of completion or diploma.

7. CERTIFY WHAT PORTION OF THE WORKING DRAWINGS SUBMITTED (by Professional Building Designer or Building Designer applicant only) WAS DONE BY APPLICANT:

PLAN 1 _____

PLAN 2 _____

PLAN 3 _____

8. PRINT OR TYPE YOUR NAME AS IT SHOULD APPEAR ON YOUR MEMBERSHIP CERTIFICATE:
 [Company name only will be on associate member certificate.] _____

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

[your signature here] _____

10. How did you hear about the AIBD? another member [if so, print member's name on line #11] internet
 magazine/book newspaper home show other: _____

11. AIBD MEMBER SPONSORING NEW MEMBER (for Compass Club purposes): _____

CHAPTER (where applicable) APPROVAL: DATE: _____ PRESIDENT OR MEMBERSHIP CHAIR: _____
SOCIETY APPROVAL: DATE: _____ PRESIDENT OR MEMBERSHIP CHAIR: _____
INSTITUTE APPROVAL: DATE: _____ DISTRICT DIRECTOR: _____

Send your application, with applicable material for your membership level (refer to "Membership Levels/How to Apply" page in inquiry folder):

- * employment verification letters (not needed for Design Student or Associate-level members);
- * 3 recommendation letters (only 1 for Drafting Technician. Design students please supply proof of school enrollment/maintenance of a 2.0 GPA instead. Allied-level applicants do not need to supply recommendation letters);
- * 3 sets of working drawings (required only for Professional Building Designer or Building Designer applicant);
- * and your check for total dues and initiation fee (call your state society to get these amounts. Call the national office (1-800-366-2423) for at-large area information);

to your state society officer or your district director **only** (see last page of inquiry folder for current officers/directors).