

How To Apply:

 House Plan Marketing Alliance members are firms whose business interests are related to the marketing of predrawn house plans.

- Membership in AIBD is not required.
- Complete this HPMA Membership Application.
- Calculate your membership investment by choosing the Classification that best describes your position in the
- Return your application and payment to the AIBD National Office.
- For more information, visit our website:

Signature:

www.	The	HPM	A.com

HOUSE PLAN MARKETING ALLIANCE MEMBERSHIP APPLICATION

GENERAL INFORMATION						
Company Name:						
Primary Contact Person:						
Business Address Street:						
Unit/Suite:	City:		State:	Zip:		
Business Phone:	Mobile Phon	ie:	Home Phone:			
Fax Number:	E-mail:					
Website(s):						
CLASSIFICATION (Indicate by checking the class	(Indicate by checking the classification that best describes your position in the Council)					
☐ All other industry profession						
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 🛛 Payi	ing by check		
Total Amount to be Charged:	\$					
Credit Card Number:						
Exp. Date:						
Cardholder's Name:						
Credit Card Billing Address:						
APPROVAL By checking this box	x, I hereby affirm I will comply w	vith the Terms and Condit	ions of membership and a	abide by the AIBD Code of		

- Ethics and Conduct: www.AIBDmember.org/terms.pdf
 - By checking this box, I hereby affirm I will comply with the HPMA Public Obligation Policy:

Members shall strive to serve the public in every aspect of both professional and ethical conduct. Members shall keep themselves informed of all pertinent laws, ordinances and building codes. Members shall not engage in, assist, or be a party to any business practice which is or could be fraudulent, illegal, or deceptive. Members shall not knowingly infringe on the copyright of another's' work either in the profession or in business practice. Members are encouraged to be involved in community and civic activities that are beneficial to their community, state or nation. Members shall not discriminate in their professional conduct on the basis of race, religion, gender, sexual orientation, physical/mental disability or national origin. Members shall conduct their professional activities contributing to the health, welfare and safety of the public and to the advancement and understanding of their profession.

Contact:

Phone: 800-366-2423			
Fax: 866-204-0293			
Email: info@aibd.org			
Address:			

Audicaa.
529 14th St. NW
Suite 750
Washington, DC 20045
www.AIBD.org

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

Date:

s:	ADMINISTRATIVE USE ONLY						
th St. NW	Staff Approval:] Yes	No, please explain:				
50	Name:					_ Initials:	_ Date:
ngton, DC 20045			Paid: \$	By:	□ Check □ Credit Card		
IBD.org	Society Approval (if app	olicable):	Name:			_ Initials:	Date:

Enhancing, developing, educating and promoting the value of the residential design professional.