



AMERICAN INSTITUTE of BUILDING DESIGN

### How To Apply:

- Corporate membership is for national and international corporations providing good and services to the residential and light commercial construction industry and non-profit organizations with similar interests.
- Calculate your total cost of membership by choosing your Corporate Membership Classification.
- Return your membership form and payment to the AIBD National Office.

### Contact:

Phone: 800-366-2423  
 Fax: 866-204-0293  
 Email: info@aibd.org  
 Address:  
 7059 Blair Road NW  
 Suite 400  
 Washington, DC  
 20012

## CORPORATE MEMBERSHIP FORM

### GENERAL INFORMATION

Company Name: \_\_\_\_\_  
 Company Street Address: \_\_\_\_\_  
 Unit/Suite: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Primary Contact/AIBD Liaison: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
 Fax Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

### CLASSIFICATION

- For profit corporation (\$1000 annually)  
 Nonprofit organization with similar interests (\$450/annually)

### MEMBERSHIP OPPORTUNITIES

- ◆ Direct access to the AIBD national membership list – delivered electronically
- ◆ Complimentary registration as an AIBD Continuing Education Provider - no additional cost for program registration
- ◆ National Associate membership dues for local representatives is waived – must have a company email address
- ◆ Liaison email notification of registered projects through the eLeads webpage
- ◆ AIBD national committee positions available
- ◆ Complimentary webinars hosted by AIBD – registration list and webinar recordings provided
- ◆ Press releases included in weekly eNewsletter - The MondayMINUTE
- ◆ Banner style link on the AIBD web site
- ◆ Discounts on event sponsorship & exhibiting at AIBD national conferences.

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

- YES. Who? \_\_\_\_\_  
 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: \_\_\_\_\_  
 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: [www.AIBDmember.org/terms.pdf](http://www.AIBDmember.org/terms.pdf)

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

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

### ADMINISTRATIVE USE ONLY

Staff Approval:  Yes  No, please explain: \_\_\_\_\_  
 Name: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_  
 Paid: \$ \_\_\_\_\_ By:  Check  Credit Card

*Representing an industry that designs more than 45,000 single family homes monthly.*