**INDIVIDUAL MEMBERSHIP APPLICATION**

**TO THE BOARD OF DIRECTORS**

I hereby make application for membership in the US Institute of Building Documentation in the following membership category based on the provisions of the USIBD™ Bylaws and my qualifications as outlined below.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| **PERSONAL INFORMATION**  **Preferred Mailing Address** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Prefix** | | **Last Name (Surname)** | | | | | | | | | | | **First (Given) Name** | | | | | | | | | | | | **Middle Initial** | | | | | | | | **Suffix** |
| **Home Mailing Address** | | | | | | | | | | | | | | | | | | | | | | | | **Nickname / Preferred Name** | | | | | | | | | |
| **City** | | | | | | | | | | | | | | **State/Province** | | | | | | | **Zip/Postal Code** | | | **Country** | | | | | | | | | |
| **Home Phone** | | | | | | **Cell** | | | | | | | | **Personal Email**  **Primary Email Address** | | | | | | | | | | | | | | | | | | | |
| **EMPLOYER INFORMATION**  **Preferred Mailing Address** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Company Name** | | | | | | | | **Department** | | | | | | | **Title** | | | | | | | | | | | | **Website** | | | | | | |
| **Work Mailing Address - 1** | | | | | | | | | | | | | | **Work Mailing Address - 2** | | | | | | | | | | | | | | | | | | | |
| **City** | | | | | | | | | | | | | | **State/Province** | | | | | | | **Zip/Postal Code** | | | **Country** | | | | | | | | | |
| **Work Phone** | | | | | | **Work Fax** | | | | | | | | **Work Email**  **Primary Email Address** | | | | | | | | | | | | | | | | | | | |
| **Education (Select level completed)**  **Post Graduate**  **Graduate**  **Community College**  **High School**  **Trade School** | | | | | | | | | | | | | | | | | **Highest Degree / Diploma and Area of Study(if applicable)** | | | | | | | | | | | | | | | | |
| **Professional Registrations / Licensure (If applicable, select license(s))**  **Architect** **Engineer** **Surveyor** **Landscape Architect** **Planner** **Contractor** **Broker/Realtor** **Other:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Membership Dues**  Individual Membership: $200.00  I am a new member.  I am a returning member, my member # is:       Don’t know your member #? Email jill.rosoff@usibd.org.  **Group Memberships: Discounted Dues**  Group memberships consist of multiple individual memberships from one company or organization, and provides for a discount for three or more Individual Memberships.  To receive discounted dues, a Group membership must be in place. If an employer joins as a Group Member, they are allocated a total of 3 individual memberships within the initial fee of $550.00. Any individual memberships beyond these first 3 individual memberships are available at the discounted rates at 50% of the Individual membership rate.  The Group application is available at <http://www.usibd.org/membership>. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | I wish to join within the following Group:  Employer Group Name:  Group Number: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| If I am admitted to membership, I agree that all matters pertaining to my relationship, as a member in the US Institute of Building Documentation, shall be governed by its Bylaws as they now exist or as they may be amended and, that I will personally endeavor to advance the objectives and interests of the Institute, and I will abide by the Code of Ethics. (Find them on the About page at www.usibd.org) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature** | | | | | | | | | | | | | | | | | | | | | | | | **Date** | | | | | | | | | |
| **PAYMENT OPTIONS:** Credit card payments may be emailed to: [jill.rosoff@usibd.org](mailto:jill.rosoff@usibd.org) or mail to the address at the top of the form.  I am paying for my membership.  My company is paying for my membership.  **VISA**  **MasterCard**  **American Express**  **Discover or**  **Check Enclosed (Check #       )** | | | | | | | | | | | | | | | | | | | | | | | | | | | | **Amount** | | | | | |
| **Account Number** | | | | | | | | | | | | | | **Expiration Date** | | | | | | | **CVN Code** ( 3 or 4-digit code on back or front of card) | | | | | | | | | | | | |
| **Billing Address** | | | | | | | | | | | | | | **City** | | | | | | | | | | | | | **State** | | | | | **Zip/Postal Code** | |
| **Cardholder’s Name (Print)** | | | | | | | | | **Cardholder’s Signature** | | | | | | | | | | | | | **Cardholder’s Phone Number** | | | | | | | | | | | |
| With the credit card payment option you will be charged yearly, in advance.  Your credit card will be charged on the Start Date of your membership and will be automatically renewed and billed to your credit or bank card on the yearly anniversary of your Membership Date until your membership is terminated.  For example, if you become a member on the 10th of February, your credit or bank card will be charged on the 10th of February each year thereafter.  The price of your membership and the amount billed to your card will not be increased without your approval.  Memberships may be cancelled at any time by submitting a written notification to the USIBD.  All charges to your card will terminate within (3) three business days after the USIBD receives your request for cancellation.  Your membership will remain active until the end of the annual period you have paid for.  There will be no refunds or proration for memberships cancelled after your renewal date.  Your signature above constitutes your acceptance of this automatic renewal provision.  Member authorizes the USIBD to charge Member’s credit or bank card on the date of the Member’s initial application and on the annual anniversary of the Member’s Start Date, absent proper termination.  If, however, Member’s Start Date is on the 29th, 30th or 31st day of a month, and the Billing Date does not exist in a particular year because there are fewer days in the month payment is due, your Billing date for that particular renewal will be on the last day of the month in which your Billing Date would otherwise be. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DEMOGRAPHIC INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Stakeholder Group (Check all that apply)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Architect  Engineer (specify field)  Land Surveyor  Service Provider | | | | | Contractor - General  Contractor - Specialty  Construction Mgmt.  Product Manufacturing | | | | | | | Government  Organization  Academic  Media | | | | | | | Owner/Operator  Real Estate  Developer  Legal | | | | | | | Hardware Manufacturer  Software Developer  Other (Specify Below) | | | | | | | |
| **Other/Specialty:** | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employer Size (Number of Employees)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 - 10 | | 11 - 50 | | | | | 51 – 100 | | | | | 101 – 500 | | | | 500 – 1,000 | | | | | | | 1,000 – 9,999 | | | | | | | | 10,000+ | | |
| **Job Title / Primary Role** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Board Member/ CEO  Partner / Owner  Principal/Vice Pres.  Sr. Management  Manager | | | | | Architect  Engineer  Surveyor  Contractor  Realtor | | | | | Project Manager  Building / Site Manager  Specification Writer  BIM / CAD Manager  Broker | | | | | | | | GPS Specialist  GIS Specialist  Imaging Specialist  CAD / Model Specialist  Technician | | | | | | | | | | | Programmer  Professor/Teacher  Student  Employee  Other (Specify Below) | | | | |
| **Other:** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Membership in Additional Organizations (Check all that you are part of)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AIA  ACEC  AGC  APTI | | | | ASPRS  BIMFORUM  BOMA  BuildingSMART | | | | | | | CSI  ESRI  FIATEC  IFMA | | | | | | | | | NSPE  NSPS  RICS  SAME | | | | | | | | | | Other (Specify Below) | | | |
| **Other:** | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Decision Making** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. Do you decide which equipment, software, hardware, etc. your employer purchases?  Yes  No    1. If not, do you have input as to which equipment, software, hardware, etc. your employer purchases?  Yes  No 2. Do you decide which conferences and trade shows employees attend?  Yes  No    1. If not, do you have input as to which conferences and trade shows employees attend?  Yes  No 3. Do you decide which manufacturers, materials and equipment are used on specifications or projects?  Yes  No    1. If not, do you have input as to which manufacturers, materials and equipment are used on specifications or projects?   Yes  No   1. Do you decide which professional and/or technical service providers are utilized on projects?  Yes  No    1. If not, do you have input as to which professional and/or technical service providers are utilized on projects?  Yes  No 2. Do you decide which contractors and/or subcontractors are utilized on projects?  Yes  No    1. If not, do you have input as to which contractors and/or subcontractors are utilized on projects?  Yes  No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| How/from whom did you hear about USIBD? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **USIBD Committee Participation: Make your membership more valuable, and get involved! (check all you are interested in)**    Communications  Education  Membership  Standards  Symposium  Technology | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **BASECAMP:** Basecamp is the USIBD’s online collaboration tool to help facilitate direct networking among members. This is an opt-in membership benefit.    Yes, add me to the USIBD Basecamp. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **FOR ACCOUNTING USE ONLY** | |
| **Date Application Processed**  **Member Number / Group Number**  **Transfer from Prior Group Number** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |