



AIBD Chapter Application Form

Chapter Name: The American Institute of Building Design, _____
_____ Northeast Florida _____ Chapter

~~President~~ Chairperson

Name: Tommy Davis

Phone: (904) 619-8252 Email: tommy.davis@truedesignstudios.net

~~Vice President~~ Vice-Chair

Name: To be determined

Phone: _____ Email: _____

Secretary

Name: To be determined

Phone: _____ Email: _____

Requirements for a Chapter

- A completed Chapter Application Form including the names of a minimum of five AIBD members (Officers may be included).
- A ratified copy of the Chapter Constitution (www.AIBDmember.org/chapterconstitution.pdf)

AIBD Chapter Membership Verification

Please list below at least five AIBD members who will be participating in your Chapter. Provide a name and valid e-mail address.

#1: Name: Nizam Emamdie Signature: See attached

#2: Name: Bob Esposito Signature: See attached

#3: Name: Tommy Davis Signature: Tommy Davis

#4: Name: Wes Robbins Signature: See attached

#5: Name: Mike Ackley Signature: See attached

Please print. To list more members, please include a separate sheet.

Contact:

Phone: 800-366-2423

Fax: 866-204-0293

Email: info@aibd.org

Address:

7059 Blair Road NW

Suite 400

Washington, DC 20012

www.AIBD.org

AGREEMENT

Chairperson

As ~~President~~ of this AIBD Chapter, I agree to be the point of contact should there be any questions regarding memberships, local activities, and other requirements.

Signature Date: _____

The AIBD occasionally allows select organizations to send mailings to our members. In addition, the AIBD occasionally uses email to provide members with information about news from the building design industry, upcoming events, and special offers. If you prefer not to have mailings sent to your email or mailing address please follow the opt out instruction in the AIBD Privacy Policy at www.AIBDmember.org/PrivacyPolicy.



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



AIBD Chapter Application Form

Chapter Name: The American Institute of Building Design, _____
Northeast Florida _____ Chapter

~~President~~ Chairperson

Name: Tommy Davis
Phone: (904) 619-8252 Email: tommy.davis@truedesignstudios.net

~~Vice President~~ Vice Chair

Name: To be determined
Phone: _____ Email: _____

Secretary

Name: To be determined
Phone: _____ Email: _____

Requirements for a Chapter

- A completed Chapter Application Form including the names of a minimum of five AIBD members (Officers may be included).
- A ratified copy of the Chapter Constitution (www.AIBDmember.org/chapterconstitution.pdf)

AIBD Chapter Membership Verification

Please list below at least five AIBD members who will be participating in your Chapter. Provide a name and valid e-mail address.

#1: Name: Bob Esposito Signature: see attached

#2: Name: Nizam Emandie Signature: see attached

#3: Name: Tommy Davis Signature: Tommy Davis

#4: Name: Wes Robbins Signature: see attached

#5: Name: Mike Ackley Signature: see attached Mike Ackley

Please print. To list more members, please include a separate sheet.

Contact:

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

AGREEMENT

Chairperson
As President of this AIBD Chapter, I agree to be the point of contact should there be any questions regarding memberships, local activities, and other requirements.

Signature:  Date: 12-2-20

The AIBD occasionally allows select organizations to send mailings to our members. In addition, the AIBD occasionally uses email to provide members with information about news from the building design industry, upcoming events, and special offers. If you prefer not to have mailings sent to your email or mailing address please follow the opt out instruction in the AIBD Privacy Policy at www.AIBDmember.org/PrivacyPolicy.





AIBD Chapter Application Form

Chapter Name: The American Institute of Building Design, _____
_____ Chapter

President

Name: _____

Phone: _____ Email: _____

Vice President

Name: _____

Phone: _____ Email: _____

Secretary

Name: _____

Phone: _____ Email: _____

Requirements for a Chapter

- A completed Chapter Application Form including the names of a minimum of five AIBD members (Officers may be included).
- A ratified copy of the Chapter Constitution (www.AIBDmember.org/chapterconstitution.pdf)

AIBD Chapter Membership Verification

Please list below at least five AIBD members who will be participating in your Chapter. Provide a name and valid e-mail address.

#1: Name: _____ Signature: _____

#2: Name: Wes Robbins Signature: Wes Robbins

#3: Name: _____ Signature: _____

#4: Name: _____ Signature: _____

#5: Name: _____ Signature: _____

Please print. To list more members, please include a separate sheet.

AGREEMENT

As President of this AIBD Chapter, I agree to be the point of contact should there be any questions regarding memberships, local activities, and other requirements.

Signature Date: _____

The AIBD occasionally allows select organizations to send mailings to our members. In addition, the AIBD occasionally uses email to provide members with information about news from the building design industry, upcoming events, and special offers. If you prefer not to have mailings sent to your email or mailing address please follow the opt out instruction in the AIBD Privacy Policy at www.AIBDmember.org/PrivacyPolicy.

Creating where people live™

How to Apply:

- No fees are required.
- Return this completed application form and any supporting documents to the AIBD headquarters by mail, email or fax using the contact information below.

Contact:

Phone: 800-366-2423

Fax: 866-204-0293

Email: info@aibd.org

Address:

7059 Blair Road NW

Suite 400

Washington, DC 20012

www.AIBD.org

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



AIBD Chapter Application Form

Chapter Name: The American Institute of Building Design, _____
_____ Chapter

President

Name: _____

Phone: _____ Email: _____

Vice President

Name: _____

Phone: _____ Email: _____

Secretary

Name: _____

Phone: _____ Email: _____

Requirements for a Chapter

- A completed Chapter Application Form including the names of a minimum of five AIBD members (Officers may be included).
- A ratified copy of the Chapter Constitution (www.AIBDmember.org/chapterconstitution.pdf)

AIBD Chapter Membership Verification

Please list below at least five AIBD members who will be participating in your Chapter. Provide a name and valid e-mail address.

#1: Name: _____ Signature: _____

#2: Name: _____ Signature: _____

#3: Name: Bob Esposito Signature: Bob Esposito

#4: Name: _____ Signature: _____

#5: Name: _____ Signature: _____

Please print. To list more members, please include a separate sheet.

AGREEMENT

As President of this AIBD Chapter, I agree to be the point of contact should there be any questions regarding memberships, local activities, and other requirements.

Signature Date: _____

The AIBD occasionally allows select organizations to send mailings to our members. In addition, the AIBD occasionally uses email to provide members with information about news from the building design industry, upcoming events, and special offers. If you prefer not to have mailings sent to your email or mailing address please follow the opt out instruction in the AIBD Privacy Policy at www.AIBDmember.org/PrivacyPolicy.

Creating where people live™

How to Apply:

- No fees are required.
- Return this completed application form and any supporting documents to the AIBD headquarters by mail, email or fax using the contact information below.

Contact:

Phone: 800-366-2423

Fax: 866-204-0293

Email: info@aibd.org

Address:

7059 Blair Road NW

Suite 400

Washington, DC 20012

www.AIBD.org

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



AIBD Chapter Application Form

Chapter Name: The American Institute of Building Design, _____
_____ Chapter

President Nizam is now considering the Central Florida Chapter chair position
Name: ~~Nizam Emamdie~~ _____
Phone: _____ Email: nizam.emamdie@truedesignstudios.net

Vice President
Name: ~~Nizam Emamdie~~ _____
Phone: _____ Email: nizam.emamdie@truedesignstudios.net

Secretary
Name: _____
Phone: _____ Email: _____

Requirements for a Chapter

- A completed Chapter Application Form including the names of a minimum of five AIBD members (Officers may be included).
- A ratified copy of the Chapter Constitution (www.AIBDmember.org/chapterconstitution.pdf)

AIBD Chapter Membership Verification

Please list below at least five AIBD members who will be participating in your Chapter. Provide a name and valid e-mail address.

#1: Name: Nizam Emamdie Signature: *Nizam Emamdie*

#2: Name: _____ Signature: _____

#3: Name: _____ Signature: _____

#4: Name: _____ Signature: _____

#5: Name: _____ Signature: _____

Please print. To list more members, please include a separate sheet.

AGREEMENT

As President of this AIBD Chapter, I agree to be the point of contact should there be any questions regarding memberships, local activities, and other requirements.

Signature Date: _____

The AIBD occasionally allows select organizations to send mailings to our members. In addition, the AIBD occasionally uses email to provide members with information about news from the building design industry, upcoming events, and special offers. If you prefer not to have mailings sent to your email or mailing address please follow the opt out instruction in the AIBD Privacy Policy at www.AIBDmember.org/PrivacyPolicy.



How to Apply:

- No fees are required.
- Return this completed application form and any supporting documents to the AIBD headquarters by mail, email or fax using the contact information below.

Contact:

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