

DBIA MEMBERSHIP RENEWAL

MEMBERSHIP RENEWAL CATEGORIES:

INDUSTRY PARTNER INDIVIDUAL MEMBER NO. _____

CONTACT INFORMATION (INDUSTRY PARTNERS PLEASE LIST PRIMARY CONTACT):

First Name _____ MI _____ Last Name _____ Suffix _____ Professional Credentials _____
(e.g., DBIA, AIA, P.E., LEED AP, etc.)

Title _____ Company/Agency _____

Street Address _____

City/State/Zip/Country _____

Phone _____ Fax _____ Email (required) _____

JOB FUNCTION (check one):

- | | | |
|---|---|--|
| <input type="checkbox"/> Architect | <input type="checkbox"/> Contracting Specialist/Officer | <input type="checkbox"/> Operations Professional |
| <input type="checkbox"/> Attorney/Legal Professional | <input type="checkbox"/> Design Manager | <input type="checkbox"/> Owner Representative |
| <input type="checkbox"/> Business Development/Marketing | <input type="checkbox"/> Engineer | <input type="checkbox"/> Program Manager |
| <input type="checkbox"/> Construction Manager | <input type="checkbox"/> Estimator | <input type="checkbox"/> Project Manager |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Executive/Senior Management | <input type="checkbox"/> Other (please specify): _____ |

COMPANY INFORMATION (check one):

- | | | |
|---|--|--|
| <input type="checkbox"/> Academic Institution | <input type="checkbox"/> General Contracting Firm | <input type="checkbox"/> Non-Profit Association |
| <input type="checkbox"/> Accounting Firm | <input type="checkbox"/> Government Agency/ Public Sector Owner | <input type="checkbox"/> Owner Representative Firm |
| <input type="checkbox"/> A/E Firm | <input type="checkbox"/> Insurance Firm | <input type="checkbox"/> Private Facility Owner |
| <input type="checkbox"/> Construction Management Firm | <input type="checkbox"/> Law Firm | <input type="checkbox"/> Real Estate Development Firm |
| <input type="checkbox"/> Consulting Firm | <input type="checkbox"/> Manufacturer/Supplier | <input type="checkbox"/> Specialty Contractor |
| <input type="checkbox"/> Design-Build Firm | <input type="checkbox"/> Marketing/Business Development Firm | <input type="checkbox"/> Technology Software Firm |
| <input type="checkbox"/> E/A Firm | | <input type="checkbox"/> Other (please specify): _____ |

PLEASE COMPLETE BOTH SIDES OF THIS FORM



Design-Build Institute of America
1331 Pennsylvania Avenue, NW, 4th Floor
Washington, DC 20004-1718
phone: (202) 682-0110 fax: (202) 682-5877 email: membership@dbia.org
www.dbia.org

DBIA membership must be renewed annually. Dues payments are non-refundable. Dues are tax deductible as ordinary and necessary business expenses under IRS Tax Code Section 162(3) except for that portion allocable to "lobbying" under Public Law #103-66. (DBIA estimates that 97% of your dues payment is deductible and 3% non-deductible.)

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MARKET SECTOR(S) OF INTEREST (check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> Aviation | <input type="checkbox"/> Government — Public Institutions | <input type="checkbox"/> Rehabilitation, Renovation and/or Restoration |
| <input type="checkbox"/> Civic/Assembly | <input type="checkbox"/> Government — State/City/County/Municipal | <input type="checkbox"/> Transportation (other than Aviation) |
| <input type="checkbox"/> Commercial Buildings | <input type="checkbox"/> Healthcare/Medical Facilities | <input type="checkbox"/> Utility (other than Energy/Power or Water/Wastewater) |
| <input type="checkbox"/> Educational Facilities | <input type="checkbox"/> Hospitality | <input type="checkbox"/> Water/Wastewater |
| <input type="checkbox"/> Energy/Power | <input type="checkbox"/> Industrial, Process and/or Research Facilities | <input type="checkbox"/> Other (please specify): _____ |
| <input type="checkbox"/> Faith-Based | <input type="checkbox"/> Office Buildings | |
| <input type="checkbox"/> Government — Federal/Military | | |

SMALL/DISADVANTAGED BUSINESS (check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> 8(a) Certified | <input type="checkbox"/> Service-Disabled Veteran Owned |
| <input type="checkbox"/> Disadvantaged Business Enterprise | <input type="checkbox"/> Veteran Owned Business |
| <input type="checkbox"/> Hub Zone | <input type="checkbox"/> Woman Owned Business |
| <input type="checkbox"/> Minority Owned Business | |

PAYMENT INFORMATION: Amount: \$ _____ Discount Code (if applicable): _____

Check Credit Card Visa MasterCard Amex

Credit Card Number _____ V-Code _____ Exp. Date _____

Name as it appears on card (Please print) _____

Signature _____

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