

2009 IBA Associate of the Year Entry Application

Candidate Profile

Candidate's Name

Membership Number

Company Name

Address

City, State, Zip

Telephone

Fax

Email address:

Local Association Name and #

Submitted by (State President, EO or National Representative)

Name

Signature

Date

Telephone

Association and Membership Activities

Local Association Activity

(Use dates to indicate length/time of service)

If there are any local restrictions for association involvement in any of the following areas, please explain:

How many total members are in your local association? _____

How many are associate members? _____

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Committees Chaired:

Other Committee/Council Involvement:

Board of Directors Involvement:

Offices Held (e.g. Associate VP, Council Chairman):

Legislative/PAC Involvement:

Awards Recognition:

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Meeting Attendance:

Special Assignments/Accomplishments:

Other:

Total Number of Spike Credits to Date: _____ Number of Spike Credits Earned in 2009 _____

State Association Activity

(Use dates to indicate length/time of service)

If there are any state restrictions for associate involvement in any of the following areas, please explain:

Committees Chaired:

Other Committee/Council Involvement:

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Board of Directors Involvement:

Offices Held (e.g. Associate VP, Council Chairman):

Legislative/PAC Involvement:

Awards Recognition:

Meeting Attendance:

Special Assignments/Accomplishments:

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Other:

National Association Activity

(Use dates to indicate length/time of service)

NAHB Committees Chaired:

Other NAHB Committee/Council Involvement:

NAHB Board of Directors Involvement:

NAHB Offices Held (e.g. Committee or Council Chairman):

Special Assignments/Accomplishments:

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Legislative/PAC Involvement (Congressional Contact, BUILD-PAC Contributor, etc.):

NAHB Awards Recognition:

Meeting Attendance (e.g. Convention, Spring and Fall Board Meetings, Legislative Conference, National Conference on Membership, Remodelers' Show, etc.):

Other:

Industry Accomplishments

(Use dates to indicate length/time of service)

Professional Certifications:

Membership in Professional Organizations:

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Legislative Activity (through other professional groups):

Recognition/Awards by Professional Groups:

Public Recognition/Awards/Articles:

Enhancing Professional Knowledge (schools, seminars, etc.):

Other:

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Civic Responsibility

(Use dates to indicate length/time of service)

Through Association

(e.g. Home Builders Care Project, Association Sponsored Charities, etc.)

Individual (Clubs/Community Groups, e.g. Kiwanis, Little League, Boy/Girl Scouts, Church, etc.)

**Application due by:
September 25, 2009**

**Please submit to:
Indiana Builders Association
101 W. Ohio St., Ste. 1111
Indianapolis, IN 46204
Fax (317) 917-0335
Heather@BuildIndiana.org**