



# Industry Partner Owner Nomination Program

The DBIA Owner Nomination Program provides the opportunity for Industry Partner members to nominate a public or private facility Owner for a complimentary individual membership. Informed and educated project owners are key to the growth and advancement of the design-build project delivery method. In an effort to expand the pool of educated owners, DBIA offers each Industry Partner member, benefit recipient or additional contact the opportunity to nominate one public or private owner for Individual membership. All Industry Partners are strongly encouraged to participate in this program by nominating an owner for DBIA membership.

## *The following rules apply to this program:*

- DBIA National relies on Industry Partner members to nominate individual owners for these memberships.
- Each Industry Partner member representative is eligible to nominate one public or private facility Owner.
- Owners who are not current members can be nominated for this program.
- DBIA National must receive a completed Owner Nomination Form (*see page 2*) from the Industry Partner Member to submit a candidate.
- DBIA National will process the individual owner member in the same manner of all other new members, with the exception that their annual renewal notice will be sent with an amount due of \$0.
- The membership will renew automatically on an annual basis at no cost to the individual owner for the length of their employment by the owner organization.
- Individual members leaving an owner organization may not transfer their membership to another employee at the owner organization.
- Individual owners upgrading to the owner Industry Partner membership category will be treated as new Industry Partner members and invoiced accordingly.

Design-Build Institute of America | 1331 Pennsylvania Avenue NW, 4<sup>th</sup> Floor | Washington, DC 20004  
Phone: (202) 682-0110 | Fax (202) 682-5877  
Email: [membership@dbia.org](mailto:membership@dbia.org)



# Owner Nomination Form

**Public/private facility owner nominee:**

Full Name: \_\_\_\_\_ Degree(s): \_\_\_\_\_

Job Title: \_\_\_\_\_ Organization: \_\_\_\_\_

Address 1: \_\_\_\_\_ Address 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

**Job Function (check one):**

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

**Market Sectors of Interest (check all that apply):**

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

**DBIA Member:**

Name: \_\_\_\_\_ Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Email or Fax Completed Form to:**

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