



ADVOCATE by **DESIGN** COUNCIL

APPLICATION FOR COUNCIL SERVICE

Thank you for your interest in joining the ASID Advocate by Design Council (AxD). Use this form to provide useful information about yourself to ensure the best match between you and the sub-committee you might consider serving on.

Your name (please print): _____

Your preferred phone number(s): Cell: _____ Work: _____

Your preferred mailing address:

Address _____ City _____

State _____ Zip _____

Your preferred email address (please write carefully): _____

Your current organizational affiliations (name of the organization and your role):

1. _____

2. _____

3. _____

4. _____

Please list experiences, skills, connections, resources, and expertise in your areas of interest (please continue on an extra sheet if necessary).



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Which sub-committees would you be qualified for and interested in working in? Check all those that apply:

- | | | |
|---|--|--|
| <input type="checkbox"/> Outreach & Engagement Committee | <input type="checkbox"/> Accessibility Sub-Committee
(ADA, ANSI A117.1, ABA, Fair Housing) | <input type="checkbox"/> Industry Standards Sub-Committee
(BIFMA, ASTM, ANSI, UL, Historic Preservation) |
| <input type="checkbox"/> Advocacy Support Team
(Support to Chapter Leadership for advocacy efforts) | <input type="checkbox"/> Sustainability & Wellness Sub-Committee (LEED, USGBC, WELL, IWBI, ILFI, SFC) | <input type="checkbox"/> International Code Council/NFPA Code Development Sub-Committee
(IBC, IRC, IECC, IEBC, IGCC, NFPA) |
| <input type="checkbox"/> Education, Qualifications & Professional Development Sub-Committee
(CIDA, CIDQ, IDEC, IDCEC) | <input type="checkbox"/> Ethics and Professional Responsibility Committee
(Adjudicate ethics complaints presented to ASID) | |

Would you be willing to serve as a Committee, or Sub-Committee Chair or in another leadership role?

- ☐ Yes ☐ No ☐ Perhaps

In joining the ASID AxD Council, you agree to support the purpose and the mission of the ASID AxD Council. Additionally, you agree to the terms and conditions set forth within the AxD Council Guidelines and Code of Conduct.

Your signature: _____ Date: _____

Print name: _____

If you are not selected as a member of the Council, or if you decide not to join at this time, would you like to be a volunteer to assist our Council in various ways that match your skills and interests?

- ☐ Yes ☐ No ☐ Perhaps

Please submit the names of 3 (three) professional references, with at least one referral being from an ASID member in good standing.

Print name	E-mail	Phone number
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Print name	E-mail	Phone number
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Print name	E-mail	Phone number
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Upon completion, please email to codes@asid.org

www.asid.org

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