



T E X A S  
ASSOCIATION  
OF  
BUILDERS

## **Associate of the Year**

# **Candidate Nomination Form**

|                     |
|---------------------|
| Candidate's Profile |
|---------------------|

|                                      |  |
|--------------------------------------|--|
| Candidate's Name                     |  |
| Membership Number                    |  |
| Local Association Name               |  |
| Firm Name                            |  |
| Address                              |  |
| City, State ZIP Code                 |  |
| Telephone Number                     |  |
| Submitted By                         |  |
| Date                                 |  |
| Signature of Local Executive Officer |  |

**LOCAL****STATE****NATIONAL**

|  |  |  |  |
|--|--|--|--|
| <b>Committees<br/>Chaired</b><br>Please include names<br>and years of<br>involvement.  |  |  |  |
| <b>Other<br/>Committees/Council<br/>Activity</b><br>Please include names<br>and years of<br>involvement.   |  |  |  |
| <b>Board of Directors</b><br>Please include<br>position held and<br>years of involvement.  |  |  |  |
| <b>Meeting Attendance</b><br>Please include a brief<br>statement estimating<br>candidate's<br>attendance.  |  |  |  |
| <b>Awards/Recognition</b><br>Please include title of<br>award and year<br>received.  |  |  |  |
| <b>Civic<br/>Accomplishments /<br/>Responsibilities<br/>(e.g., homes for<br/>homeless,<br/>association<br/>sponsored charities)</b><br>Please include years<br>involved. |  |  |  |
| Total Number of Spike Credits to Date  |  | Number of Spike Credits Earned This Year |  |

# INDUSTRY ACCOMPLISHMENTS

Membership in Professional Organizations

Recognitions /Awards /Articles

Legislative Activity (through other professional groups)

Professional Certifications

Upgrading Professional Knowledge (Schools, Seminars, Etc.)

Other accomplishments (Attach extra sheets of paper if necessary)