



AIA
Idaho

2018 Associate Member of the Year Award Nomination Form

Nominee Information:

Architect: _____

Firm Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Nominator Information:

Architect: _____

Firm Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email: _____ Phone: _____

Please Explain How Nominee Fits Award Criteria (please add extra pages if needed)

How long have you known the candidate, and in what capacity?
