



INTERIOR  
DESIGNERS  
OF ALBERTA

## Application for Associate Membership

- ☐ New Membership
- ☐ Membership Reclassification
- ☐ Membership Re-instatement

### Name of Applicant

Mr. Mrs. Miss Ms. (circle one)

Surname

Former Surname

Given Names

(underline name by which you are called)

### Residence Address

☐ Send Association mail to this address

Street

City, Province, Postal Code

Telephone Number

Twitter

Cell Number

Linkedin

E-mail

Other Handles

### Business Address

☐ Send Association mail to this address

Firm

Street

City, Province, Postal Code

Telephone Number

E-mail

Cell Number

Website

## Application for Associate Membership

### Academic Qualifications – Post Secondary

Each applicant is required to arrange for an official transcript of their interior design post-secondary education to be sent by the Institution, directly to the IDA office. List other academic qualifications separately & attach to this application.

Institution	_____	CIDA Accredited	<input type="checkbox"/> Yes <input type="checkbox"/> No
Program	_____	Date of Graduation	_____
Location	_____	<input type="checkbox"/> Degree	Specify
Years Attended	_____	<input type="checkbox"/> Diploma	_____
		<input type="checkbox"/> Other	_____

Institution	_____	CIDA Accredited	<input type="checkbox"/> Yes <input type="checkbox"/> No
Program	_____	Date of Graduation	_____
Location	_____	<input type="checkbox"/> Degree	Specify
Years Attended	_____	<input type="checkbox"/> Diploma	_____
		<input type="checkbox"/> Other	_____

### Examinations/Certifications

Attach certificates of completion to this application. List other examinations separately & attach to this application.

**NCDIQ** ☐ Yes ☐ No ☐ In Process Certificate No. \_\_\_\_\_

Sections Completed \_\_\_\_\_ Date of Total Completion \_\_\_\_\_

#### **Other**

Organization Name \_\_\_\_\_ Examination \_\_\_\_\_

Organization Name \_\_\_\_\_ Examination \_\_\_\_\_

Organization Name \_\_\_\_\_ Examination \_\_\_\_\_

### Professional Affiliations

List all professional associations of which you are a member. List other memberships separately & attach to this application.

**Association** \_\_\_\_\_  
Membership Status \_\_\_\_\_ Member Since \_\_\_\_\_

**Association** \_\_\_\_\_  
Membership Status \_\_\_\_\_ Member Since \_\_\_\_\_

## Application for Associate Membership

### Employment Experience

Provide a chronological list of interior design positions you have held starting with your current position. List other experience separately & attach to this application. Supervisors may be contacted to provide verification of experience and to provide a reference.

Employer (firm)			
Address			
Firm Telephone No.		Firm E-mail	
Position Title		Supervisor	
Employment Dates		<input type="checkbox"/> IDA Registered Member <input type="checkbox"/> Licensed Interior Designer/Architect	
Hours per Week		<input type="checkbox"/> Other	

Employer (firm)			
Address			
Firm Telephone No.		Firm E-mail	
Position Title		Supervisor	
Employment Dates		<input type="checkbox"/> IDA Registered Member <input type="checkbox"/> Licensed Interior Designer/Architect	
Hours per Week		<input type="checkbox"/> Other	

Employer (firm)			
Address			
Firm Telephone No.		Firm E-mail	
Position Title		Supervisor	
Employment Dates		<input type="checkbox"/> IDA Registered Member <input type="checkbox"/> Licensed Interior Designer/Architect	
Hours per Week		<input type="checkbox"/> Other	

### Primary Practice Sectors

Check as many as are applicable

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Recreational                | <input type="checkbox"/> Hospitality   | <input type="checkbox"/> Single Family    |
| <input type="checkbox"/> Commercial                  | <input type="checkbox"/> Institutional | <input type="checkbox"/> Retail           |
| <input type="checkbox"/> Corporate Office            | <input type="checkbox"/> Multi-Family  | <input type="checkbox"/> Special Projects |
| <input type="checkbox"/> Food/Beverage Establishment |  |   |

## Application for Associate Membership

I hereby make application for Associate Membership in the Interior Designers of Alberta. If accepted, I agree to abide by the By-Laws, Code of Ethics and Membership Policies. I certify that the statements made in this application are complete and accurate to the best of my knowledge.

I authorize the Interior Designers of Alberta to collect and retain the information provided on file for the duration of my membership in the IDA and thereafter as is reasonable. I agree that the IDA may use the information for the publication in print and/or online directory of members and in order to communicate with me on an ongoing basis. I agree that IDA may provide information to other organizations, with or without consideration, for the purposes of member benefit programs, affinity programs and for industry related purposes. I agree that the IDA may distribute my information to IDCEC for the purposes of professional development reporting and that IDCEC may send me relevant professional development information.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

### Application Fee Payment - \$50.00 + GST

PAYMENT BY  or  **OR**

Email completed form to [info@idalberta.ca](mailto:info@idalberta.ca)

Card # \_\_\_\_\_

**Name on Card:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Expiry Date: \_\_\_\_\_ CSV# \_\_\_\_\_

CSV # is the 3 or 4 digit number on the back of your card

### PAYMENT BY CHEQUE:

Return completed application and payment to:

**Interior Designers of Alberta**

P.O. Box 21171

Edmonton, Alberta T6R 2V4