

Application for Registered 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

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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 _____

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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 | | |

Interior Designers of Alberta

P.O. Box 21171
Edmonton, Alberta
t 780.413.0013
e info@idalberta.ca

Application for Registered Membership

I hereby make application for Registered 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.

As a Registered Member of the Interior Designers of Alberta, I will also receive membership with the Interior Designers of Canada (IDC), Canada's national association for the profession of interior design. A portion of my membership dues will be redirected to IDC. To learn more about how your fees will be used to support you and the interior design profession through IDC visit idcanada.org.

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

PAYMENT BY CHEQUE:

Email completed form to info@idalberta.ca

Return completed application and payment to:

Card # _____

Name on Card: _____

Signature: _____

Expiry Date: _____ CSV# _____

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

Interior Designers of Alberta

P.O. Box 21171

Edmonton, Alberta T6R 2V4