



INTERIOR  
DESIGNERS  
OF ALBERTA

## Application for Associate Membership

- New Membership
- Membership Reclassification
- Membership Re-instatement

<b><u>Name of Applicant</u></b>	
	<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Ms. (select one)
Surname	_____
Former Surname	_____
Given Names	_____
	(underline name by which you are called)

<b><u>Residence Address</u></b>		<input type="checkbox"/> Send Association mail to this address
Street	_____	
City, Province, Postal Code	_____	
Telephone Number	_____	Twitter _____
Cell Number	_____	LinkedIn _____
E-mail	_____	Other Handles _____

<b><u>Business Address</u></b>		<input type="checkbox"/> 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 \_\_\_\_\_

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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 |  |   |



## 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 Type		
<input type="checkbox"/>		Credit Card/Cheque Number	Expiry date (MM/YY)
<input type="checkbox"/>			
<input type="checkbox"/>	Cheque	Cardholder Name (as seen on card)	CSV #

Please return the completed membership form and all required documents **by February 28, 2018** to:

**Interior Designers of Alberta**  
**By Email:** [info@idalberta.ca](mailto:info@idalberta.ca)  
**By Fax:** (780) 413-0076  
**By Mail:** 202, 5405 99 St. NW, Edmonton, AB T6E 3N8

Should you have any questions or concerns please do not hesitate to contact the office at 780-413-0013.