



INTERIOR
DESIGNERS
OF ALBERTA

Application for Student Membership

- New Membership
- Membership Reclassification
- Membership Re-instatement

<u>Name of Applicant</u>	<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)

<u>Residence Address: Academic Year</u>			
<input type="checkbox"/>	Send Association mail to this address during the following months	_____	
Street	_____		
City, Province, Postal Code	_____		
Telephone Number	_____	Twitter	_____
Cell Number	_____	Linkedin	_____
E-mail	_____	Other Handles	_____

<u>Residence Address: Non-academic Year</u>		<input type="checkbox"/> Same as above OR as follows:	
Street	_____		
City, Province, Postal Code	_____		
Telephone Number	_____	Twitter	_____
Cell Number	_____	Linkedin	_____
E-mail	_____	Other Handles	_____

Academic Qualifications – Post Secondary

Each applicant is required to provide verification of registration in post-secondary interior design education program: letter of verification from institution, proof of payment of fees or proof of course load. Attach to this application.

Institution	_____	CIDA Accredited	<input type="checkbox"/> Yes	<input type="checkbox"/> No
City, Province	_____	<input type="checkbox"/> Degree	Specify	
Program Name	_____	<input type="checkbox"/> Diploma		
		<input type="checkbox"/> Other		
Current Year of Enrollment	_____	Anticipated Graduation Date	_____	

I hereby make application for Student Membership in the Interior Designers of Alberta. If accepted, I agree to abide by its 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 Student 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. To learn more about the support you receive 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 reasonably required. 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 related purposes.

Date: _____ Signature: _____