

2012 STUDENT UPGRADE ASSOCIATE APPLICATION

Please print or type the following information.

Mr. Mrs.
 Ms. Miss

PREFIX	FIRST NAME	LAST NAME	DATE
PRIMARY ADDRESS <input type="checkbox"/> Work <input type="checkbox"/> Home		CITY / STATE / ZIP	COUNTRY
[]		[]	
PHONE		FAX	
EMAIL		WEBSITE URL	
ALTERNATE ADDRESS <input type="checkbox"/> Work <input type="checkbox"/> Home		CITY / STATE / ZIP	
[]		[]	
ALTERNATE PHONE		CELL	
ALTERNATE EMAIL			

PROCESSING MEMBERSHIP

Submit your completed application, dues and all supporting documents to:

IIDA Membership Dept.
 222 Merchandise Mart Plaza, Ste 567
 Chicago, Illinois 60654-1103 USA
 PHONE 312.467.1950
 FAX 312.467.0779
 TOLL FREE 888.799.IIDA (4432)
 E-MAIL membership@iida.org
 WEBSITE www.iida.org

Rates effective for the
 2012 Membership Year.

COMPANY INFORMATION

COMPANY NAME	JOB TITLE
LICENSING/REGISTRATION/CERTIFICATION Indicate all states, provinces, and countries in which you are currently licensed.	
PROFESSIONAL ORGANIZATIONS	
Please indicate all organizations in which you currently hold membership.	
<input type="checkbox"/> AIA <input type="checkbox"/> ASID <input type="checkbox"/> IDEC <input type="checkbox"/> IFMA <input type="checkbox"/> IDC <input type="checkbox"/> Other _____	
Please indicate your choice of Chapter and, where applicable, City Center.	
CHAPTER	CITY CENTER
PREVIOUS MEMBER NUMBER (If Applicable)	

