

2012 INDIVIDUAL MEMBERSHIP 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, \$75 processing fee and all supporting documents to:

International Interior Design Association
 2424 Momentum Place
 Chicago, Illinois 60689-5324 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
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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.

- AIA ASID IDEC IFMA IDC Other _____

Please indicate your choice of Chapter and, where applicable, City Center.

CHAPTER	CITY CENTER
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PREVIOUS MEMBER NUMBER (If Applicable)

