

# 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			BLOG URL

**PROCESSING MEMBERSHIP**

Submit your completed application, dues, \$75 application fee 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
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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)

