

CAMPUS CENTER APPLICATION

WE ARE:

- Renewing our Campus Center status Applying for the first time

NOTE: We recommend that there are at least 10 active IIDA Student Members at the school to form an IIDA Campus Center.

SCHOOL AND FACULTY INFORMATION

Full School Name: _____

IIDA Chapter Affiliation: _____

Faculty Member Name: _____

Faculty Member Title: _____

Faculty Member Work Address: _____

Faculty Member Email: _____

Faculty Member Phone: _____

NOTE: This will be the person to whom renewal reminders for Campus Center status will be sent and to whom the Campus Center logo will be emailed. This role is often filled by a faculty advisor. The faculty member does not have to be an IIDA Member.

STUDENT LEADERSHIP INFORMATION

These are the two IIDA Student Members that will represent the Campus Center.

For more information regarding student leadership, **please visit www.iida.org**.

Campus Leader Name 1: _____

IIDA Member No.: _____

Email: _____

Phone: _____

Campus Leader Name 2: _____

IIDA Member No.: _____

Email: _____

Phone: _____

I authorize that the information above is true. I acknowledge that this information must be fully completed to retain my Campus Center's active status and eligibility of IIDA support.

Signature _____ Date _____

PROCESSING APPLICATION

Please submit your completed application to students@IIDA.org.

QUESTIONS?

Do not hesitate to reach out to IIDA with questions regarding membership or the application process.

PHONE: 312.379.5138

FAX: 312.379.0011

E-MAIL: students@IIDA.org

CONNECT

Follow IIDA on social media to stay updated on events and news.



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