

INTERNATIONAL DESIGN SCHOOL APPLICATION

CONTACT INFORMATION

Prefix (Mr., Miss, Ms., Mrs.): _____ First Name: _____ Last Name: _____

Mailing Address: _____

City/State/Zip: _____ Country: _____

Phone with Country Code: _____ Fax with Country Code: _____

Email: _____ Website: _____

School Name: _____

Job Title: _____

Note: By submitting this application to IIDA, it is understood that the design school, and not the primary contact, holds the membership.

CHECKLIST

- Membership Application Membership Dues of \$135 (payment in U.S. currency) Detailed description of interior design program and brief description of school

MEMBERSHIP DUES

*Note: Membership dues and processing fees are to be paid in U.S. funds only and are **non-refundable**. Dues for members are renewed each calendar year.*

Check AmEx Visa MasterCard Signature (if charging) _____

CC# _____ Exp (00/00) _____ Name on card _____

I hereby certify that the information herein is true and correct to the best of my knowledge and authorize the International Interior Design Association (IIDA) to make an independent investigation of statements made on my application. When accepted for membership, I will support the purposes and objectives of IIDA as stated in the Bylaws and Code of Ethics.

Signature _____ Date _____

PROCESSING APPLICATION

Please submit your completed application, supporting document, and dues to:

IIDA MEMBERSHIP
 2424 Momentum Place
 Chicago, IL 60689-5324


QUESTIONS?

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

PHONE: 312.467.1950
FAX: 312.467.0779
E-MAIL: membership@IIDA.org

CONNECT

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

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