



# 2012 INDUSTRY MEMBERSHIP APPLICATION

for Manufacturers & Dealers/Distributors

## MEMBERSHIP TYPES

\$465 INDUSTRY INDIVIDUAL MEMBERSHIP  
INCLUDES MEMBERSHIP FOR ONE (1) INDIVIDUAL

\$200 ADDITIONAL REPRESENTATIVES  
THIS OPTION IS AVAILABLE FOR INDUSTRY MEMBERS IN THE \$975-\$8,000 LEVELS AND IS NOT AVAILABLE AT THE INDUSTRY INDIVIDUAL MEMBERSHIP LEVEL.

E.G. IF YOUR COMPANY APPLIES FOR A NEW MEMBERSHIP AT THE \$8,000 LEVEL AND WISHES TO HAVE 35 REPRESENTATIVES INSTEAD OF THE ALLOTTED 30, YOU MAY SUBMIT PAYMENT OF \$8,000 + 5(\$200) + 75 = \$9,075.

## PROCESSING MEMBERSHIP

Submit your completed application, \$75 processing fee and the appropriate dues 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

Questions? Contact Jenny Palmer at jpalmer@iida.org.

Rates effective for the 2012 Membership Year.

Please indicate the name of the Industry Individual or Additional Representative for Membership. Please print or type the following information.

LAST NAME		FIRST NAME	DATE
COMPANY		JOB TITLE	
MAILING ADDRESS			
CITY/STATE/ZIP			
EMAIL		TELEPHONE (WITH AREA CODE)	<input type="checkbox"/> MANUFACTURER <input type="checkbox"/> DEALER/DISTRIBUTOR
CHAPTER ASSIGNMENT [See <a href="http://www.iida.org">http://www.iida.org</a> ]			TOTAL NUMBER OF LOCATIONS (IF DEALER/DISTRIBUTOR)

IIDA Forums (please select two areas of design interest)

- CORPORATE   
  INSTITUTIONAL   
  FACILITY PLANNING + DESIGN   
  KNOWLEDGE   
  GOVERNMENT   
  RESIDENTIAL   
  HEALTHCARE   
  RETAIL   
  HOSPITALITY   
  SUSTAINABILITY

## MEMBERSHIP DUES

Dues for Industry Members are renewable and non-refundable each calendar year. Membership dues and processing fee are to be paid in US funds only.

DUES		PROCESSING FEE (ONE TIME)		TOTAL PAYMENT
\$465 IND. INDV.	+	\$75	=	
\$200 ADD'L REP	x	# OF REPS _____	=	
		Offer expires 3/1/12		

- CHECK (U.S. FUNDS; PAYABLE TO IIDA)  
 VISA     MASTERCARD     AMERICAN EXPRESS

CREDIT CARD NUMBER: \_\_\_\_\_ EXPIRATION: \_\_\_\_\_

SIGNATURE (IF CHARGING)

NAME AS IT APPEARS ON CARD

## AUTHORIZATION

I hereby certify that the information herein is true and correct to the best of my knowledge and authorize the International Interior Design Association to make independent investigations of statements made on this application. If accepted for membership, I will support the purposes and objectives of IIDA as stated in the bylaws and code of ethics.

SIGNATURE