

2011 INDUSTRY MEMBERSHIP APPLICATION

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:

IIDA Industry Membership
 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 jpalmer@iida.org
 WEBSITE www.iida.org

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

Rates effective for the
 2011 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)	
_____ CHAPTER ASSIGNMENT (See http://www.iida.org)		

IIDA Forums (please select **two** areas of design interest)

- | | |
|-----------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> CORPORATE | <input type="checkbox"/> INSTITUTIONAL |
| <input type="checkbox"/> FACILITY PLANNING + DESIGN | <input type="checkbox"/> KNOWLEDGE |
| <input type="checkbox"/> GOVERNMENT | <input type="checkbox"/> RESIDENTIAL |
| <input type="checkbox"/> HEALTHCARE | <input type="checkbox"/> RETAIL |
| <input type="checkbox"/> HOSPITALITY | <input type="checkbox"/> 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 _____	=	_____

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

_____ CREDIT CARD NUMBER	_____ EXPIRATION
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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.