IIDA
INTERNATIONAL INTERIOR DESIGN ASSOCIATION

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 application 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 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) _____

☐ MANUFACTURER ☐ DEALER/DISTRIBUTOR

CHAPTER ASSIGNMENT (See http://www.iida.org) _____

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		APPLICATION FEE (ONE TIME)		TOTAL PAYMENT
$465 IND. INDV.	+	~~$75~~ Offer expires 3/1/2012	=	
$200 ADD'L REP	x	# OF REPS _____	=	

☐ 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 _____