



2010 MEMBERSHIP APPLICATION

IIDA Industry Membership

Please print or type the following information.

Below please indicate the **primary contact** for the Industry Membership.

Please complete attached for representatives who will be included as Members under your Industry Membership umbrella.

MEMBERSHIP LEVELS

MEMBERSHIP LEVEL AND DUES ARE BASED ON THE NUMBER OF INDIVIDUAL INDUSTRY REPRESENTATIVES A COMPANY DESIRES TO BE IIDA MEMBERS.

- \$ 7,500 COMPANY MEMBERSHIP**
INCLUDES MEMBERSHIP FOR **30** INDIVIDUALS
- \$ 5,000 COMPANY MEMBERSHIP**
INCLUDES MEMBERSHIP FOR **15** INDIVIDUALS
- \$3,500 COMPANY MEMBERSHIP**
INCLUDES MEMBERSHIP FOR **10** INDIVIDUALS
- \$1,500 COMPANY MEMBERSHIP**
INCLUDES MEMBERSHIP FOR **6** INDIVIDUALS
- \$900 COMPANY MEMBERSHIP**
INCLUDES MEMBERSHIP FOR **3** INDIVIDUALS

COMPANY NAME

LAST NAME

FIRST NAME

JOB TITLE

ADDRESS

CITY/STATE/ZIP

PHONE (WITH AREA CODE)

FAX

EMAIL

WEB SITE ADDRESS

FORUMS

Forums are unique to IIDA. Forums encourage dialogue within an area of design practice. They have been established to deliver programs that coincide with the following specialized areas of practice. Please select three areas of design interest for each of your representatives on the following page(s).

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

DATE

PROCESSING

You may 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

MEMBERSHIP DUES

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

| DUES | | PROCESSING FEE (ONE TIME) | = | TOTAL PAYMENT |
|--------------------|---|------------------------------|---|---------------|
| \$7,500 MEMBERSHIP | + | \$75 | = | _____ |
| \$5,000 MEMBERSHIP | + | \$75 | = | _____ |
| \$3,500 MEMBERSHIP | + | \$75 | = | _____ |
| \$1,500 MEMBERSHIP | + | \$75 | = | _____ |
| \$900 MEMBERSHIP | + | \$75 | = | _____ |

AMEX MASTERCARD VISA CHECK NO. _____ [PAYABLE TO IIDA]

CREDIT CARD NUMBER

EXPIRATION DATE

NAME AS IS APPEARS ON CARD

SIGNATURE

Rates effective for the 2010 Membership Year and are subject to change.

If you have questions, please contact Jenny Palmer at jpalmer@iida.org.

Please complete the following form with the appropriate number of representatives that will be included as Members under your Industry Membership. Please indicate **two** IIDA Forums for each of your representatives.

LAST NAME FIRST NAME

JOB TITLE

MAILING ADDRESS

TELEPHONE (WITH AREA CODE) FAX

EMAIL

CHAPTER ASSIGNMENT (SEE IIDA CHAPTERS PAGE)

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"/> SUSTAINABLE |

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