

**MEMBERSHIP APPLICATION
2010 DUAL MEMBERSHIP**

Please print or type the following information.

MEMBER CATEGORY
PROFESSIONAL: \$125
ASSOCIATE: \$105

Dual Members will hold the same status in IIDA as they hold in their original association.

IIDA currently offers Dual Membership to members of:

- BIDA (United Kingdom)
- BSID (Bermuda)
- IDC (Canada)
- ARIDO (Canada)

MEMBER INFORMATION

LAST NAME _____ FIRST NAME _____

TITLE _____

COMPANY NAME _____

MAILING ADDRESS _____

CITY/PROVINCE/POSTAL CODE _____ COUNTRY _____

PHONE WITH COUNTRY CODE _____ FAX WITH COUNTRY CODE _____ E-MAIL _____

FORUMS

Forums offer a venue for discussion and dissemination of information on trends and perspective on current or developing areas of design practice.

Please indicate the forum(s) which represent your primary design practice area(s).

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

PROFESSIONAL ORGANIZATIONS

Please indicate any design organization in which you currently hold membership.

Please provide your status and identification/membership number: _____

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.

PROCESSING

Please mail completed application and dues to:

IIDA Membership Processing
222 Merchandise Mart, Suite 567
Chicago, Illinois 60654-1104 USA
PHONE 312 467 1950
FAX 312 467 0779
TOLL FREE 888 799 IIDA (4432)
E-MAIL membership@iida.org
WEBSITE www.iida.org

SIGNATURE _____ DATE _____

MEMBERSHIP DUES

Dues for Professional Members are \$125 and Dues for Associate Members are \$105 payable in US currency. Membership is based on the calendar year.

AMEX MASTERCARD VISA CHECK [PAYABLE TO IIDA]

CREDIT CARD NUMBER _____ EXPIRATION DATE _____

SIGNATURE _____