



2010 IIDA APPLICATION INTERNATIONAL AT-LARGE MEMBERSHIP

Please print or type the following information and include attachments in English.

MEMBER CATEGORIES

PROFESSIONAL

DUES: \$315

PLEASE PROVIDE:

1 A COPY OF AN INTERIOR DESIGN OR ARCHITECTURE DIPLOMA/ TRANSCRIPT FROM A QUALIFIED UNIVERSITY PROGRAM.

AND

2 PROOF OF PASSING THE NATIONAL QUALIFYING EXAM IN HOME COUNTRY, AND A RESUME OUTLINING AT LEAST TWO (2) YEARS OF INTERIOR DESIGN EXPERIENCE.

OR

3 IN COUNTRIES WITHOUT A QUALIFYING EXAM, PROVIDE A RESUME OUTLINING A MINIMUM OF FIVE (5) YEARS OF INTERIOR DESIGN EXPERIENCE.

ASSOCIATE

DUES: \$175

PLEASE PROVIDE:

1 A COPY OF AN INTERIOR DESIGN OR ARCHITECTURE DIPLOMA/ TRANSCRIPT FROM A QUALIFIED UNIVERSITY PROGRAM.

AND

2 IN COUNTRIES WITH A QUALIFYING EXAM, PROVIDE A RESUME OUTLINING AT LEAST TWO (2) YEARS OF INTERIOR DESIGN EXPERIENCE

OR

3 IN COUNTRIES WITHOUT A QUALIFYING EXAM, PROVIDE A RESUME OUTLINING A MINIMUM OF TWO (2) BUT NO MORE THAN FIVE (5) YEARS OF INTERIOR DESIGN EXPERIENCE.

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	COMPANY WEBSITE

EDUCATION

Please provide a copy of each of the following documents. Please see specific requirements to the left.

- COLLEGE DIPLOMA/ OFFICIAL COLLEGE TRANSCRIPT
- COPY OF NATIONAL QUALIFYING EXAM DIPLOMA/ CERTIFICATE
- RESUME

FORUMS

A benefit for IIDA Members is participation in any of our ten Forums (design specialty areas). Please indicate your area(s) of practice:

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

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
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PROCESSING

Please submit completed application, \$75 processing fee, and dues to:

IIDA Membership Processing
222 Merchandise Mart Plaza, Ste 567
Chicago, Illinois 60654-1103
USA

PHONE 312 467 1950
FAX 312 467 0779
E-MAIL ltoth@iida.org
WEBSITE www.iida.org

PAYMENT

Dues for International at Large Members are US \$315 for Professionals and US \$175 for Associates and a one-time \$75 processing fee. Membership is based on the calendar year. Processing fee and membership dues are accepted in US funds only.

- AMEX MASTERCARD VISA CHECK [PAYABLE TO IIDA]

_____ CREDIT CARD NUMBER	_____ EXPIRATION DATE
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SIGNATURE