



# Application for Student Membership

INTERIOR  
DESIGNERS  
OF ALBERTA

- New Membership
- Membership Reclassification
- Membership Re-instatement

**Name of Applicant**

Mr.    Mrs.    Miss    Ms. (select one)

Surname \_\_\_\_\_

Former Surname \_\_\_\_\_

Given Names \_\_\_\_\_

(underline name by which you are called)

**Residence Address**  Send Association mail to this address

Street \_\_\_\_\_

City, Province, Postal Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Twitter \_\_\_\_\_

Cell Number \_\_\_\_\_ LinkedIn \_\_\_\_\_

E-mail \_\_\_\_\_ Other Handles \_\_\_\_\_

**Business Address**  Send Association mail to this address

Firm \_\_\_\_\_

Street \_\_\_\_\_

City, Province, Postal Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Cell Number \_\_\_\_\_ Website \_\_\_\_\_

## Application for Membership

### Academic Qualifications – Post Secondary

Each applicant is required to arrange for an official transcript of their interior design post-secondary education to be sent by the Institution, directly to the IDA office. List other academic qualifications separately & attach to this application.

Institution	_____	CIDA Accredited	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Program	_____	Date of Graduation	_____	
Location	_____	<input type="checkbox"/> Degree	Specify	
Years Attended	_____	<input type="checkbox"/> Diploma	_____	
		<input type="checkbox"/> Other	_____	

Institution	_____	CIDA Accredited	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Program	_____	Date of Graduation	_____	
Location	_____	<input type="checkbox"/> Degree	Specify	
Years Attended	_____	<input type="checkbox"/> Diploma	_____	
		<input type="checkbox"/> Other	_____	

### Examinations/Certifications

Attach certificates of completion to this application. List other examinations separately & attach to this application.

**NCDIQ**       Yes     No     In Process    Certificate No. \_\_\_\_\_

Sections Completed \_\_\_\_\_ Date of Total Completion \_\_\_\_\_

#### **Other**

Organization Name \_\_\_\_\_ Examination \_\_\_\_\_

Organization Name \_\_\_\_\_ Examination \_\_\_\_\_

Organization Name \_\_\_\_\_ Examination \_\_\_\_\_

### Professional Affiliations

List all professional associations of which you are a member. List other memberships separately & attach to this application.

#### **Association**

Membership Status \_\_\_\_\_ Member Since \_\_\_\_\_

#### **Association**

Membership Status \_\_\_\_\_ Member Since \_\_\_\_\_

## Application for Membership

### Employment Experience

Provide a chronological list of interior design positions you have held starting with your current position. List other experience separately & attach to this application. Supervisors may be contacted to provide verification of experience and to provide a reference.

Employer (firm)	_____		
Address	_____		
Firm Telephone No.	_____	Firm E-mail	_____
Position Title	_____	Supervisor	_____
Employment Dates	_____	<input type="checkbox"/> IDA Registered Member	<input type="checkbox"/> Licensed Interior Designer/Architect
Hours per Week	_____	<input type="checkbox"/> Other	_____

Employer (firm)	_____		
Address	_____		
Firm Telephone No.	_____	Firm E-mail	_____
Position Title	_____	Supervisor	_____
Employment Dates	_____	<input type="checkbox"/> IDA Registered Member	<input type="checkbox"/> Licensed Interior Designer/Architect
Hours per Week	_____	<input type="checkbox"/> Other	_____

Employer (firm)	_____		
Address	_____		
Firm Telephone No.	_____	Firm E-mail	_____
Position Title	_____	Supervisor	_____
Employment Dates	_____	<input type="checkbox"/> IDA Registered Member	<input type="checkbox"/> Licensed Interior Designer/Architect
Hours per Week	_____	<input type="checkbox"/> Other	_____

## Application for Membership

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I hereby make application for Membership in the Interior Designers of Alberta. If accepted, I agree to abide by its By-Laws, Code of Ethics and Membership Policies. I certify that the statements made in this application are complete and accurate to the best of my knowledge.

As a Provisional/Associate/Registered Member of the Interior Designers of Alberta, I will also receive membership with the Interior Designers of Canada (IDC), Canada's national association for the profession of interior design. A portion of my membership dues will be redirected to IDC. To learn more about how your fees will be used to support you and the interior design profession through IDC visit [idcanada.org](http://idcanada.org).

I authorize the Interior Designers of Alberta to collect and retain the information provided on file for the duration of my membership in the IDA and thereafter as is reasonably required. I agree that the IDA may use the information for the publication in print and/or online directory of members and in order to communicate with me on an ongoing basis. I agree that IDA may provide information to other organizations, with or without consideration, for the purposes of member benefit programs, affinity programs and for industry related purposes. I agree that the IDA may distribute my information to IDCEC for the purposes of professional development reporting and that IDCEC may send me relevant professional development information.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Please return the completed membership form and all required documents to:

**Interior Designers of Alberta**

**By Email:** [info@idalberta.ca](mailto:info@idalberta.ca)

**By Fax:** (780) 413-0076

**By Mail:** 202, 5405 99 St. NW, Edmonton, AB T6E 3N8

Should you have any questions or concerns please do not hesitate to contact the office at 780-413-0013.