



Application for Provisional 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 _____

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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	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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	_____

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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 _____ IDA Registered Member Licensed Interior Designer/Architect
Hours per Week _____ Other _____

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

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

Application for Provisional Membership



I hereby make application for Provisional 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 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.

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: _____

Application Fee Payment - \$50.00 + GST

<input checked="" type="checkbox"/>	Payment Type	_____	_____
<input type="checkbox"/>		Credit Card/Cheque Number	Expiry date (MM/YY)
<input type="checkbox"/>		_____	_____
<input type="checkbox"/>	Cheque	Cardholder Name (as seen on card)	CSV #

Please return the completed membership form and all required documents **by February 28, 2018** to:

Interior Designers of Alberta
By Email: 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.