



## Application for Registered 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 Registered 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.

<b>NCDIQ</b>	<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.

<b>Association</b>	_____		
Membership Status	_____	Member Since	_____

<b>Association</b>	_____		
Membership Status	_____	Member Since	_____

## Application for Registered 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	_____

### Primary Practice Sectors

Check as many as are applicable

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Recreational                | <input type="checkbox"/> Hospitality   | <input type="checkbox"/> Single Family    |
| <input type="checkbox"/> Commercial                  | <input type="checkbox"/> Institutional | <input type="checkbox"/> Retail           |
| <input type="checkbox"/> Corporate Office            | <input type="checkbox"/> Multi-Family  | <input type="checkbox"/> Special Projects |
| <input type="checkbox"/> Food/Beverage Establishment |  |   |

## Application for Registered Membership



I hereby make application for Registered Membership in the Interior Designers of Alberta. If accepted, I agree to abide by the 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 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 reasonable. 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"/>	<b>Payment Type</b>	_____	_____
<input type="checkbox"/>	 <b>VISA</b>	<b>Credit Card/Cheque Number</b>	<b>Expiry date (MM/YY)</b>
<input type="checkbox"/>		_____	_____
<input type="checkbox"/>	<b>Cheque</b>	<b>Cardholder Name (as seen on card)</b>	<b>CSV #</b>

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