



P.O. Box 21171, Edmonton, AB T6R 2V4
Phone: (780) 413-0013 Fax: (780) 413-0076
Email: info@interiordesignalberta.com
Website: www.interiordesignalberta.com

Application for Membership

I hereby make applications for Membership in the Interior Designers of Alberta (IDA). If accepted, I agree to abide by the By-Laws and Membership Policies of the IDA.

Category applied for: Registered/Licensed Registered Provisional
(Please print clearly or type)

PERSONAL INFORMATION
Circle one: Mr. Mrs. Miss Ms.
Surname: Given names:
Former Surname if applicable:
Residence Address:
Street & Number
City Province Postal Code
Area Code / Telephone Area Code / Fax Number Email Address

BUSINESS INFORMATION
Company Name:
Company Address:
Street & Number
City Province Postal Code Website Address
Area Code / Telephone Area Code / Fax Number Email Address
Position in Company: Principal Partner Staff Contract Other
Correspondence should be mailed to: Business Home

ASSOCIATIONS
List all professional associations of which you are a member:
Association Membership Status Initial Membership Date
Have you successfully completed:
a) NCIDQ Exam Yes No In process - Section Numbers completed:
b) ProPractice Exam as prescribed by AAA yes no
If yes, indicate date and certificate no.
Have you completed any other Post Secondary Examinations Yes No
If Yes, name and date

ACADEMIC QUALIFICATIONS - Post Secondary Education:

Institution/Location	Year Graduated	Diploma	Certificate	Degree	Length of Program	Name	CIDA Accredited	
							Yes	No

Transcripts: Each applicant is required to arrange that an official transcript of the courses and grades be sent by the institution directly to the IDA office.

WORK EXPERIENCE:

For the required number of years of Practical Training, start with your present position and work backwards.

Date (mth/year)		Full Time	Part Time	No. Hours /Week	Total Equiv. Months	Name and Address of Firm	Job Title	Supervisor's Name
From	To							

I certify that the statements made by me in this application are complete and correct to the best of my knowledge.

Date: _____ Signature: _____

Attachments to Accompany Application:

1. One cheque for application fee of \$52.50 (\$50.00 plus GST).
2. Transcripts – To be sent from the institution directly to the IDA Office

REFERENCES IN SUPPORT OF MEMBERSHIP APPLICATION - Member of IDA/IDC Preferred

Applicant's Name: _____

Category applied for: Registered Provisional

<p>1. Reference Name: _____</p> <p>Company Name (if applicable): _____</p> <p><input type="checkbox"/> Employer Address: _____</p> <p><input type="checkbox"/> Colleague City: _____</p> <p><input type="checkbox"/> Personal Province: _____ Postal Code: _____</p> <p> Telephone: () _____ Fax: () _____</p> <p> Email address: _____</p>
<p>2. Reference Name: _____</p> <p>Company Name (if applicable): _____</p> <p><input type="checkbox"/> Employer Address: _____</p> <p><input type="checkbox"/> Colleague City: _____</p> <p><input type="checkbox"/> Personal Province: _____ Postal Code: _____</p> <p> Telephone: () _____ Fax: () _____</p> <p> Email address: _____</p>
<p>3. Reference Name: _____</p> <p>Company Name (if applicable): _____</p> <p><input type="checkbox"/> Employer Address: _____</p> <p><input type="checkbox"/> Colleague City: _____</p> <p><input type="checkbox"/> Personal Province: _____ Postal Code: _____</p> <p> Telephone: () _____ Fax: () _____</p> <p> Email address: _____</p>

For Office Use Only:

Received: _____

Insurance: [] Sent - [] Verified

Membership No.: _____

Log Book No.: _____

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