



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	FIDER 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. One cheque for annual membership dues plus GST. Refer to the fee schedule for the amount. This cheque is held in trust and cashed once the application has been approved.

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

Applicant's Name: _____

Category applied for: _____ Registered _____ Provisional

1. **Reference Name:** _____

Company Name (if applicable): _____

_____ Employer Address: _____

_____ Colleague City: _____

_____ Personal Province: _____ Postal Code: _____

Telephone: () _____ Fax: () _____

Email address: _____

2. **Reference Name:** _____

Company Name (if applicable): _____

_____ Employer Address: _____

_____ Colleague City: _____

_____ Personal Province: _____ Postal Code: _____

Telephone: () _____ Fax: () _____

Email address: _____

3. **Reference Name:** _____

Company Name (if applicable): _____

_____ Employer Address: _____

_____ Colleague City: _____

_____ Personal Province: _____ Postal Code: _____

Telephone: () _____ Fax: () _____

Email address: _____

For Office Use Only:

Received: _____

Insurance: [] Sent - [] Verified

Membership No.: _____

Log Book No.: _____

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