



P.O. Box 21171, Edmonton, AB T6R 2V4
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Application for Student Membership

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

<p>PERSONAL INFORMATION</p> <p>Circle one: Mr. Mrs. Miss Ms. Dr.</p> <p>Surname: _____ Given names: _____</p> <p>Permanent Address: _____ Street & Number</p> <p>_____ City Province Postal Code</p> <p>_____ Area Code / Telephone Area Code / Fax Number Email Address</p> <p>Temporary Address: _____ Street & Number</p> <p>_____ City Province Postal Code</p> <p>_____ Area Code / Telephone Area Code / Fax Number Email Address</p> <p>Send IDA correspondence to: <input type="checkbox"/> Permanent Address OR <input type="checkbox"/> Temporary Address</p>
<p>EDUCATION</p> <p>Name of Educational Institution: _____</p> <p>Program: _____ CIDA Accredited: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Full Time Student OR <input type="checkbox"/> Part Time Student leading to: <input type="checkbox"/> Degree <input type="checkbox"/> Diploma <input type="checkbox"/> Certificate</p> <p>Year of Study: _____</p> <p>Year of Graduation: _____</p>

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

Date: _____ Signature: _____

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