

# Intern Membership Application

<b>Personal Information</b>	
<b>Applicant Name</b>	Tobey
<b>Former Surname</b>	Maguire
<b>Residence Address</b>	Canada, Toronto
<b>City/Province</b>	Toronto
<b>Postal Code</b>	M4B 0A3
<b>Email</b>	tobey518@gmail.com
<b>Phone Number</b>	+911234567890
<b>Fax</b>	1234567890
<b>Reinstatement</b>	
<b>Indicate date left IDAS</b>	testing
<b>Membership Category</b>	testing
<b>Previously member in Province of</b>	test
<b>Membership Category</b>	testing
<b>Information for IDAS membership directory - published yearly</b>	
<b>Organization</b>	Testing
<b>Title</b>	testing
<b>Business Address</b>	Canda, Toronto
<b>City/Province</b>	Toronto
<b>Postal Code</b>	M4B 0A3
<b>Email</b>	Tob3@gmail.com
<b>Phone Number</b>	1234567890
<b>Fax</b>	1234567890
<b>Send Correspondence To</b>	Business Address
<b>Qualifications</b>	
<i>Design Education</i>	
<b>Institution #1</b>	Testing
<b>Location</b>	Testing
<i>Years Attended</i>	
<b>From</b>	Testing
<b>To</b>	Testing
<b>Length of Program</b>	Testing
<b>% Completed</b>	40
<b>Graduated</b>	Other
<b>If Other</b>	Testing
<i>Design Education</i>	
<b>Institution #2</b>	Testing
<i>Years Attended</i>	
<b>From</b>	Testing
<b>To</b>	Testing

<b>Length of Program</b>	Testing
<b>% Completed</b>	Testing
<b>Graduated</b>	Other
<b>If Other</b>	Testing
Other Post-Secondary	
<i>Education</i>	
<b>Institution #1</b>	Testing
<b>Location</b>	Testing
<i>Years Attended</i>	
<b>From</b>	Test
<b>To</b>	Testing
<b>Length of Program</b>	Testing
<b>% Completed</b>	50
<b>Graduated</b>	Other
<b>If Other</b>	Testing
<i>Education</i>	
<b>Institution #2</b>	Testing
<b>Location</b>	Testing
<i>Years Attended</i>	
<b>From</b>	Testing
<b>To</b>	Testing
<b>Length of Program</b>	Testing
<b>% Completed</b>	50
<b>Graduated</b>	Other
<b>Other</b>	Testing
<b>Experience</b>	
<i>Employer #1</i>	
<b>Name</b>	Testing
<b>Address</b>	Canada
<b>Phone</b>	+911234567890
<i>History</i>	
<b>Dates Employed</b>	Testing
<b>Part-time/Full-time</b>	Testing
<b>Supervisor</b>	Testing
<i>Employer #2</i>	
<b>Name</b>	Testing
<b>Address</b>	Canda
<b>Phone</b>	+911234567890
<i>History</i>	
<b>Dates Employed</b>	Testing
<b>Part-time/Full-time</b>	Testing
<b>Supervisor</b>	Test

*Employer #3*

**Name** Testing  
**Address** Canada  
**Phone** +911234567890

*History*

**Dates Employed** Testing  
**Part-time/Full-time** Testing  
**Supervisor** Testing

**References**

*Reference #1*

**Name** Testing  
**Company** Testing  
**Phone** +911234567890

*Reference #2*

**Name** Testing  
**Company** Testing  
**Phone** +911234567890

*Reference #3*

**Name** Testing  
**Company** Testing  
**Phone** +911234567890  
**Signature:** Tobey  
**Date** 02/07/2024

**Volunteer Opportunities**

**Please indicate which of the following committees you would like to participate in:**  
Other

**Other** Testing