



INTERIOR DESIGNERS ASSOCIATION OF SASKATCHEWAN

Please fill this form out and submit to: vpmembership@idas.ca and office@idas.ca

PERSONAL INFORMATION
(IDAS Accounting Purposes Only - Information will not be published on any directories)

Personal Information

Surname _____ First Name _____ Mr/Mrs/Miss/Ms _____

Residence Address _____ City/Town, Province _____ Postal Code _____

Phone Number _____ Personal Email Address _____ NCIDQ No. _____

Professional Liability Insurance No. ** _____

Fill out only if applicable:

Reinstatement: _____ Out of Province: _____

Indicate date left IDAS _____ Membership Category _____ Previously Registered in Province _____ Membership Category _____

Information Published on IDAS Membership Directory

Information for IDAS Directory

Business Organization _____ Job Title/Position _____

Business Address _____ City/Town, Province _____ Postal Code _____

Phone Number _____ Work Email Address _____

Send Correspondence To: Business Address Personal Address

Volunteer Opportunities:

IDAS has many great volunteer committees for members to participate in. IDAS strongly encourages members to participate to help facilitate all ongoing initiatives. Please indicate which you would like to participate in:

Alternate Pathways Committee MASI Awards Committee Social Media / Public Relations

Events Committee Mentorship Program Committee Scholarship Committee

Transcripts: Applicant is required to arrange for an official transcript of their interior design courses and grades from their educational institution(s) be provided with this application, if not already provided to IDAS. Official transcripts can be forwarded to VP Membership at vpmembership@idas.ca. If transcripts have been previously provided to IDAS with another application, specify the year and membership category below:

Previous Membership Category _____ Year Submitted _____



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Post-Secondary Education

Qualifications: List all post-secondary schools attended, complete with dates and degree(s) or diploma(s) attained. Also, attach a separate resume if desired.

Post-Secondary Education #1

Institution Name, including Location (City/Town, Province)

Graduated: Degree Diploma Other _____
Dates Attended (YYYY - YYYY)

Degree Received Graduation Date (YYYY)

Post-Secondary Education #2

Institution Name, including Location (City/Town, Province)

Graduated: Degree Diploma Other _____
Dates Attended (YYYY - YYYY)

Degree Received Graduation Date (YYYY)

Post-Secondary Education #3

Institution Name, including Location (City/Town, Province)

Graduated: Degree Diploma Other _____
Dates Attended (YYYY - YYYY)

Degree Received Graduation Date (YYYY)

Work Experience

Work Experience: Provide a chronological list of positions held starting with your current or most recent position.

Employer #1

Company Name Address (City/Town, Province, Postal Code)

Dates Employed (YYYY-YYYY) Full-Time
Part-Time

Employer #2

Company Name Address (City/Town, Province, Postal Code)

Dates Employed (YYYY-YYYY) Full-Time
Part-Time



INTERIOR DESIGNERS ASSOCIATION OF SASKATCHEWAN

References

Reference # 1

Name _____ Company _____

Phone Number _____ Email Address _____

Reference # 2

Name _____ Company _____

Phone Number _____ Email Address _____

Reference # 3

Name _____ Company _____

Phone Number _____ Email Address _____

Consent and authorization for the collection, retention and use of information. IDAS is committed to protecting the privacy and confidentiality of the personal and business information of its members. Application documents and information pertaining to education and work experience will be for internal use only. I certify that the information given in this application is complete and correct to the best of my knowledge. If accepted, I agree to abide by the Code of Ethics and Bylaws of this Association.

Signature: _____ Date: _____

Registered and Intern Members must carry professional liability insurance and fulfill association requirements for professional development and education to be considered members in good standing. Applications will not be processed until application fee, transcripts, proof of insurance coverage and NCIDQ certification numbers have been received.

Please Contact: Vice President - Membership Services vpmembership@idas.ca

Application Fee: = \$52.50 (GST included)

Membership Fee: Once your application has been reviewed and approved, an invoice will be forwarded to you for payment. Registered Membership Fees = \$514.69 (GSt included).

Pro-rated fees associated with an existing Intern Membership will be assessed on a case by case basis and invoiced accordingly.

You will be invoiced via Square Payments, e-transfer through online banking to: treasurer@idas.ca (Auto-deposit is utilized, no password required), or you can mail your cheque, payable to Interior Designers Association of Saskatchewan, with the original copy of this form to:

IDAS Treasurer
PO Box 39141 Lakewood PO, Saskatoon, SK S7V 0A9

If you have any questions about fees, insurance or professional development, please contact VP Membership.