

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 By-Laws of this Association.

Signature: _____ **Date** _____

Please contact: Vice President – Membership Services
idasvpmembership@gmail.com

Application Fee NO CHARGE

Membership Fee NO CHARGE

Mail your completed forms to: **IDAS Treasurer C/O IDAS PO Box 32005 Erindale Postal Outlet Saskatoon, SK S7S 1N8. You may also email to idastreasurer@gmail.com**

If you have any questions please contact us at idasvpmembership@gmail.com

Volunteer Opportunities

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

CEU Committee	Lunch & Learn	Events Committee	Mentor Program
NCIDQ Support	Publications	Website	Membership
Public Relations	Other _____		

Referred By: _____