

## **Registered Membership Application**

Personal Information: (for accounting purpose				
Applicant Name	Surname	Mr/ Mrs/ Miss/ Ms	Given Names	
Former Surname				
Residence Address				
City/Province				
Postal Code		Email _		
Phone Number		Fax _		
Reinstatement	Indicate date left IDAS	Memb	ership Category	
NCIDQ Cert Number	Date of NCIDQ Certification			
Previously Registered i	n Province of	_Membership Cate	gory	
Information for IDAS of Organization	membership directory	– published yearly		
Title				
Business Address				
City/Province				
Postal Code		Email _		
Phone Number		Fax _		
Send Correspondence	To: 🗆 Bus	siness Address 🛛	Residence Address	
Transcripts:	Interior Design courses	and grades from the cation. If transcripts	an official transcript of their neir educational institution be have been provided to IDAS membership category.	

Qualifications:	attached a separate resume, if desired.			
Design Education	Institution #1	Locati	on	
Years Attended	From To	Length of Progra	am % Completed	
Graduated	□ Degree		ther	
Design Education	Institution #2	Locati	on	
Years Attended	From To	Length of Progra	am % Completed	
Graduated	□ Degree	□ Diploma □ O	ther	
Other Post-Secondary Education	Institution #1	Locati	on	
Years Attended	From To	Length of Progra	am % Completed	
Graduated	□ Degree	□ Diploma □ O	ther	
Education	Institution #2	Locati	on	
Years Attended	From To	Length of Progra	am % Completed	
Graduated	<ul><li>Degree</li></ul>	□ Diploma □ O	ther	
Experience:	Provide a chror most recent pos		s held starting with your present or	
Employer #1	Name	Address	Phone	
History	Dates Employed	Part-time/Full-tin	ne Supervisor	
Employer #2	Name	Address	Phone	
History	Dates Employed	Part-time/Full-tin	ne Supervisor	
Employer #3	Name	Address	Phone	

History					
References:	Dates Employed List three reference	Part-time/Full-time es for design experience	Supervisor		
Reference #1	Name	Company	Phone		
Reference #2	Name	Company	Phone		
Reference #3	Name	Company	Phone		
and confidentiality of the pertaining to education a I certify that the informati	personal and business inform nd work experience will be fo	nation of its members. Application r internal use only. complete and correct to the best			
Signature:	Date				
	ements for profession	ist carry professional lial al development and educ	bility insurance and fulfill cation to be considered		
	ot be processed until of NCIDQ Certificate	application fee, transcrip have been received.	ots, proof of insurance		
Please Contact:	Vice President – M idasvpmembership	embership Services @gmail.com			
Application Fee	\$52.50(GST Includ	ed)			
Membership Fee	Once your application has been reviewed and approved, an invoice will be forwarded to you for payment.  Registered Membership \$410.17 (GST Included)				
copy of both comple Saskatoon, SK S7\	ted forms to: IDAS Tre / 0A9. You may also p	ners Association of Saskateasurer C/O PO Box 3914 Day by e-transfer throughteredapp as the passwor	1 Lakewood PO a online banking to:		
	stions about fees, insur:	ance, or the professional d	evelopment program,		
CEU Committee NCIDQ Support	th of the following comr Lunch & Learn Publications	nittees you would like to pa Events Committee Website	articipate in: Mentor Program Membership		
Referred By:					