



Intern Membership Application

Personal Information:

(for accounting purposes only)

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 _____ Membership Category _____

Previously member in Province of _____ Membership Category _____

Information for IDAS membership directory – published yearly

Organization _____

Title _____

Business Address _____

City/Province _____

Postal Code _____ Email _____

Phone Number _____ Fax _____

Send Correspondence To: Business Address Residence Address

Transcripts:

Each applicant is required to arrange that an official transcript of their Interior Design courses and grades from their educational institution be provided with this application. If transcripts have been provided to IDAS with a previous application specify year & membership category.

Qualifications: List all schools attended, dates and degree or diploma attained. Also attached a separate resume, if desired.

Design Education

Institution #1 Location

Years Attended

From To Length of Program % Completed

Graduated

Degree Diploma Other _____

Design Education

Institution #2 Location

Years Attended

From To Length of Program % Completed

Graduated

Degree Diploma Other _____

Other Post-Secondary Education

Institution #1 Location

Years Attended

From To Length of Program % Completed

Graduated

Degree Diploma Other _____

Education

Institution #2 Location

Years Attended

From To Length of Program % Completed

Graduated

Degree Diploma Other _____

Experience:

Provide a chronological list of positions held starting with your present or most recent position.

Employer #1

Name Address Phone

History

Dates Employed Part-time/Full-time Supervisor

Employer #2

Name Address Phone

History

Dates Employed Part-time/Full-time Supervisor

Employer #3

Name Address Phone

History

References:	Dates Employed	Part-time/Full-time	Supervisor
	List three references for design experience		
Reference #1	_____		
	Name	Company	Phone
Reference #2	_____		
	Name	Company	Phone
Reference #3	_____		
	Name	Company	Phone

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** _____

Registered and Provisional 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, and proof of insurance coverage have been received.

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

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.
 Intern Membership \$283.35 (GST Included)

Mail your cheque, payable to Interior Designers Association of Saskatchewan, with the original copy of both completed forms to: **IDAS Treasurer C/O PO Box 39141 Lakewood PO Saskatoon, SK S7V 0A9. You may also pay by e-transfer through online banking to: idastreasurer@gmail.com and internapp as the password.**

If you have any questions about fees, insurance, or the professional development program, 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 _____		