

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	Degree	□ 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	
D. (, and	Company	THORE	
Reference #3	Name	Company	Phone	
and confidentiality of the pertaining to education ar I certify that the information	personal and business inform nd work experience will be for	nation of its members. Application rinternal use only. complete and correct to the best of		
Signature:		Date		
province of Saskate development and e Applications will no	chewan and fulfill ass ducation to be consid	rry professional liability in ociation requirements for lered members in good s application fee, transcript have been received.	r professional tanding.	
Please Contact:	Vice President – Membership Services idasvpmembership@gmail.com			
Application Fee	Free for existing IDAS Intern Members New IDAS Members \$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 \$514.69 (GST Included)			
Designers Association Office C/O PO Box	on of Saskatchewan, wi 39141 Lakewood PO S Iline banking to: idas	or you can mail your chequith the original copy of both Saskatoon, SK S7V 0A9. treasurer@gmail.com Au	completed forms to: IDAS You may also pay by e-	
	stions about fees, insura	ance, or the professional de	evelopment program,	
Volunteer Opportui Please indicate whic CEU Committee NCIDQ Support		nittees you would like to pa Events Committee Website	rticipate in: Mentor Program Membership	
Public Relations			<u> </u>	
Referred By:				