

Intern Membership Application

Personal Information: (for accounting purpose Applicant Name	es only)		
7 Applicant Ptame	Surname	Mr/ Mrs/ Miss/ Ms	Given Names
Former Surname		 .	
Residence Address			
City/Province			
Postal Code		Email	
Phone Number		Fax	
Reinstatement	Indicate date left IDAS	Men	mbership Category
Previously member in P	rovince of	_Membership Ca	tegory
Information for IDAS r	membership directory -	- published year	·ly
Organization			
Title			
Business Address			
City/Province			
Postal Code		Email	
Phone Number		Fax	
Send Correspondence	To: 🗆 Bus	iness Address	□ Residence Address
Transcripts:	Interior Design courses provided with this applic	and grades from cation. If transcrip	at an official transcript of their their educational institution be ots have been provided to IDAS & 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			
Design Education	Institution #2	Location		
Years Attended	From To	Length of Program	% Completed	
Graduated	 Degree 	□ Diploma □ Other		
Other Post-Seconda 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 chromost recent po	onological list of positions held sta	rting with your present or	
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 2 of 3		Application for Inter	n Membership	

Application for Intern Membership Interior Designers Association of Saskatchewan

References:	Dates Employed List three references fo	Part-time/Full-time or design experience	Supervisor
Reference #1			
	Name	Company	Phone
Reference #2			
	Name	Company	Phone
Reference #3	Name	Company	Phone
and confidentiality of the per pertaining to education and v I certify that the information of	sonal and business information work experience will be for inte	n of its members. Application dernal use only. Delete and correct to the best of the section of	
Signature:		Date _	
the province of Saska	atchewan and fulfill ass	carry professional liabil sociation requirements d members in good sta	
Applications will not insurance coverage h		lication fee, transcripts	, and proof of
Please Contact:	Vice President – Membidasvpmembership@g		
Application Fee	\$52.50 (GST Included)		
Membership Fee	Once your application be forwarded to you fo Intern Membership \$33		pproved, an invoice will
Association of Saskato C/O PO Box 39141 La	hewan, with the original kewood PO Saskatoon ng to: idastreasurer@g		orms to: IDAS Treasurer
	ons about fees, insurance lasvpmembership@gma	e, or the professional dev il.com.	elopment program,
Volunteer Opportunit Please indicate which of CEU Committee NCIDQ Support Public Relations		es you would like to parti Events Committee Website	cipate in: Mentor Program Membership