



## Retired Membership Application

### Personal Information:

Applicant Name \_\_\_\_\_  
Surname \_\_\_\_\_ Mr/ Mrs/ Miss/ Ms \_\_\_\_\_ Given Names \_\_\_\_\_  
*(for accounting purposes only)*  
Residence Address \_\_\_\_\_  
City/Province \_\_\_\_\_  
Postal Code \_\_\_\_\_ Email \_\_\_\_\_  
Phone Number \_\_\_\_\_ Fax \_\_\_\_\_  
Year Retired \_\_\_\_\_ Year Joined IDAS \_\_\_\_\_

### Information for IDAS membership directory – published yearly

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/Province \_\_\_\_\_  
Postal Code \_\_\_\_\_ Email \_\_\_\_\_  
Phone Number \_\_\_\_\_

Send Correspondence To:  Residence Address

### Requirements

In signing this application the applicant acknowledges they are no longer practice the profession of interior design and to carry professional liability E&O insurance for the period of two years post retirement to cover past projects.

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 \_\_\_\_\_

**Membership Fee** Free for Retired Members. Once your application has been reviewed and approved, a letter form VP Membership will be sent to you,

If you have any questions about insurance, or the professional development program, please contact us at: [idasvpmembership@gmail.com](mailto: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 _____		