



Student 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 _____

Educational Institute _____

Address _____

Program Enrolled in _____

Leading to Degree Diploma Other _____

Full Time Part time Program Length _____

Present Year _____ Year of Graduation _____

Information for IDAS membership directory – published yearly

Name _____

Address _____

City/Province _____

Postal Code _____ Email _____

Phone Number _____ Fax _____

Send Correspondence via email to: Institute Address Residence Address

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** _____

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

Application Fee: **No Charge**

Membership Fee: **No Charge**

Mail your completed forms to: **IDAS Treasurer C/O PO Box 39141 Lakewood
PO, Saskatoon, SK S7V 0A. You may also email to: idastreasurer@gmail.com**

If you have any questions please email 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 _____		