INTERIOR DESIGNERS ASSOCIATION OF SASKATCHEWAN

Please fill this form out and submit to:
vpmembership@idas.ca and office@idas.ca

# OUT OF PROVINCE MEMBER APPLICATION

## Personal Information

### PERSONAL INFORMATION
**(IDAS Accounting Purposes Only - Information will not be published on any directories)**

Surname _____ First Name _____ Mr/Mrs/Miss/Ms _____

Residence Address _____ City/Town, Province _____ Postal Code _____

Phone Number _____ Personal Email Address _____ NCIDQ No. _____

Professional Liability Insurance No. ** _____

**Out of Province Members shall be those members who meet the qualifications to be Registered Members but who reside outside the Province of Saskatchewan, and do not practice in the Province of Saskatchewan.**

Indicate date left IDAS _____ Membership Category _____ Currenty Registered in Province _____ Membership Category _____

## Information for IDAS Directory

### Information Published on IDAS Membership Directory

Business Organization _____ Job Title/Position _____

Business Address _____ City/Town, Province _____ Postal Code _____

Phone Number _____ Work Email Address _____

**Send Correspondence To:** Business Address ☐ Personal Address ☐

### Volunteer Opportunities:

IDAS has many great volunteer committees for members to participate in. IDAS strongly encourages members to participate to help facilitate all ongoing initiatives. Please indicate which you would like to participate in:

| | | |
|---|---|---|
| Alternate Pathways Committtee ☐ | MASI Awards Committee ☐ | Social Media / Public Relations ☐ |
| Events Committee ☐ | Mentorship Program Committee ☐ | Scholarship Committee ☐ |

**Transcripts: Applicant is required to arrange for an official transcript of their interior design courses and grades from their educational institution(s) be provided with this application, if not already provided to IDAS. Official transcripts can be forwarded to VP Membership at vpmembership@idas.ca. If transcripts have been previously provided to IDAS with another application, specify the year and membership category below:**

**Previous Membership Category** _____ **Year Submitted** _____

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## Post-Secondary Education

**Qualifications:** List all post-secondary schools attended, complete with dates and degree(s) or diploma(s) attained. Also, attach a separate resume if desired.

**Post-Secondary Education #1**

Institution Name, including Location (City/Town, Province)

Graduated: Degree ☐ Diploma ☐ Other ☐ _____ Dates Attended (YYYY - YYYY)

Degree Received _____ Graduation Date (YYYY)

**Post-Secondary Education #2**

Institution Name, including Location (City/Town, Province)

Graduated: Degree ☐ Diploma ☐ Other ☐ _____ Dates Attended (YYYY - YYYY)

Degree Received _____ Graduation Date (YYYY)

**Post-Secondary Education #3**

Institution Name, including Location (City/Town, Province)

Graduated: Degree ☐ Diploma ☐ Other ☐ _____ Dates Attended (YYYY - YYYY)

Degree Received _____ Graduation Date (YYYY)

## Work Experience

**Work Experience:** Provide a chronological list of positions held starting with your current or most recent position.

**Employer #1**

Company Name _____ Address (City/Town, Province, Postal Code)

Dates Employed (YYYY-YYYY) _____ Full-Time ☐ Part-Time ☐

**Employer #2**

Company Name _____ Address (City/Town, Province, Postal Code)

Dates Employed (YYYY-YYYY) _____ Full-Time ☐ Part-Time ☐

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References

**Reference # 1**

Name _____ Company _____

Phone Number _____ Email Address _____

**Reference # 2**

Name _____ Company _____

Phone Number _____ Email Address _____

**Reference # 3**

Name _____ Company _____

Phone Number _____ Email 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 Bylaws of this Association.**

**Signature:** _____ **Date:** _____

**Registered and Intern 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, proof of insurance coverage and NCIDQ certification numbers have been received.**

**Please Contact:** Vice President - Membership Services vpmembership@idas.ca

**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. Out of Province Membership Fees = $115.29 (GSt included).

Pro-rated fees associated with an existing Intern Membership will be assessed on a case by case basis and invoiced accordingly.
You will be invoiced via Square Payments, e-transfer through online banking to: treasurer@idas.ca (Auto-deposit is utilized, no password required), or you can mail your cheque, payable to Interior Designers Association of Saskatchewan, with the original copy of this form to:

**IDAS Treasurer**
**PO Box 39141 Lakewood PO, Saskatoon, SK S7V 0A9**

**If you have any questions about fees, insurance or professional development, please contact VP Membership.**