



Out of Province 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	_____
Reinstatement	Indicate date left IDAS _____ Membership Category _____		
NCIDQ Cert Number	_____	Date of NCIDQ Certification	_____
Previously Registered in Province of	_____	Membership Category	_____

Information for IDAS membership directory – published yearly

Organization	_____		
Title	_____		
Business Address	_____		
City/Province	_____		
Postal Code	_____	Email	_____
Phone Number	_____	Fax	_____
Send Correspondence To:	<input type="checkbox"/> Business Address	<input type="checkbox"/> Residence Address	

Transcripts: Each applicant is required to arrange that an official transcript of their Interior Design courses and grades from their educational institution be provided with this application. If transcripts have been provided to IDAS with a previous application specify year & 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 Diploma Other _____

Design Education

Institution #2 Location

Years Attended

From To Length of Program % Completed

Graduated Degree Diploma Other _____

Other Post-Secondary 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 chronological list of positions held starting with your present or most recent position.

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

References:	Dates Employed	Part-time/Full-time	Supervisor
	List three references for design experience		
Reference #1	_____		
	Name	Company	Phone
Reference #2	_____		
	Name	Company	Phone
Reference #3	_____		
	Name	Company	Phone

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** _____

Registered and Provisional 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 copy of NCIDQ Certificate have been received.

Please Contact Kenda Owens Vice President – Membership Services
 kenda.owens@siast.sk.ca

Application Fee \$50.00 (plus GST). Make cheque payable to:
 Interior Designers Association of Saskatchewan

Membership Fee Once your application has been reviewed and approved, an invoice will be forwarded to you for payment.
 Out of Province Membership \$195.00 plus GST

If you have any questions about the fees, insurance or the professional development program, please contact Kenda Owens with IDAS at kenda.owens@siast.sk.ca.

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 _____