



ASSOCIATE MEMBERSHIP APPLICATION page 1 of 2

400-601 W Broadway, Vancouver, British Columbia, Canada V5Z 4C2

P. 604 298 5211 F. 604 421 5211 E. info@idibc.org W. www.idibc.org

:: PERSONAL INFORMATION

Full Name: _____ Telephone: _____

Address: _____ Fax: _____

_____ Email #1: _____

Permanent Address: _____ Telephone: _____

_____ Fax: _____

_____ Email #2: _____

Send Mail to: Address Permanent Address

Send Email to: Email #1 Email #2

:: MEMBERSHIP REQUIREMENTS

To qualify as an Associate Member of the Interior Design Institute of British Columbia, applicants must be engaged in a profession, field or business related to Interior Design. This category does not apply to suppliers of product for the Interior Design profession. The term Associate member will be appointed upon approval of the Board of Directors by submission of a resume to ensure adherence to the IDIBC By-laws. An Associate may not use any designation following their name or otherwise indicating that they are a member of the Institute. The cost of an IDI Associate Membership is \$475.00 plus HST.

:: APPLICATION FEE

There is a non-refundable fee of \$50 + \$6.00 HST for assessing this application. Please enclose a cheque or money order for \$56.00, payable to the Interior Designers Institute of British Columbia (IDIBC) and forward to the address above or call the IDIBC office with a Visa or Mastercard number.

:: VOLUNTEER OPPORTUNITIES

Please indicate which of the following committees you would like to participate in:

- CEU Committee Legal Committee Events Committee Membership Committee Awards Committee
- Communication Committee Newsletter Website Other: _____



: : WORK EXPERIENCE

Company 1:	_____	Position:	_____
Address:	_____	Supervisor:	_____
Type of Business:	_____	Telephone:	_____
Date From:	_____	Date To:	_____

Company 2:	_____	Position:	_____
Address:	_____	Supervisor:	_____
Type of Business:	_____	Telephone:	_____
Date From:	_____	Date To:	_____

Company 3:	_____	Position:	_____
Address:	_____	Supervisor:	_____
Type of Business:	_____	Telephone:	_____
Date From:	_____	Date To:	_____

: : POST SECONDARY EDUCATION

	DESIGN EDUCATION	OTHER POST SECONDARY EDUCATION
Institution:	_____	_____
Address:	_____	_____
Certificate/Diploma/Degree:	_____	_____

: : CONSENT AND AUTHORIZATION FOR THE COLLECTION, RETENTION AND USE OF INFORMATION

IDIBC 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. Please refer to IDIBC’s Privacy Policy available at www.idibc.org.

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 Institute. Applications will not be processed until application fee has been received.

Signature of Applicant:	_____	Date:	_____
-------------------------	-------	-------	-------