



## Truth of Accuracy Statement

Member Name: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

**Please read and sign before returning your  
Professional Development Program Annual Report**

By Signing this document, I affirm that:

1. All information provided herein is complete and accurate to the best of my knowledge;
2. I shall supply any additional information and/or supporting documentation that may be required by IDIBC to confirm my Professional Development Points upon request;
3. I understand that the information I have provided is subject to verification by the Registrar without prior notice to me.

I hereby apply to maintain my designation as a Registered Member of the Interior Designers Institute of British Columbia (IDIBC). As a condition of this application, if necessary, I authorize IDIBC to investigate statements made within this application.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Membership #: \_\_\_\_\_

Date: \_\_\_\_\_

**This form must be completed and signed. Failure to do so will result in non-filing of reported points. Please direct all inquiries to the Registrar.**