



MEMBERSHIP APPLICATION

:: PERSONAL INFORMATION

Name (Ms./Mrs./Mr.) _____

Previous Surname _____

Residential Address _____

Company Address _____

Telephone _____

Type of Practice _____

Telephone _____

Email _____

Fax _____

Email _____

Website _____

Send Mail to: "Business Address" "Residence Address"

Send Email to: "Business Address" "Residence Address"

:: MEMBERSHIP CATEGORIES & REQUIREMENTS (Please check appropriate category.)

"PROFESSIONAL: To qualify for this status, all new Professional Members must have successfully passed the NCIDQ examination and be actively involved in the field of Interior Design. A Professional Member is entitled to use the designation "Registered Interior Designer" (R.I.D.). The yearly cost of an IDI professional membership is \$475 plus HST and is pro rated quarterly.

"PROVISIONAL: To qualify for this status, all new Provisional members must have achieved education that aligns with or exceeds the requirements of NCIDQ's route 4 (no less than 60 semester or 90 quarter credits of interior design coursework), or intends to obtain a minimum education requirement of a bachelor degree in interior design by the year 2015 or a bachelor degree from a Council for Interior Design Accreditation accredited school by the year 2017. Provisional members must undertake to write and successfully complete the NCIDQ Examination within five years of admission to the Society as a Provisional member. The cost of an IDI Provisional membership is \$225 plus HST and is pro rated quarterly.

"REINSTATEMENT: Indicate date when left IDIBC _____ Indicate last level of membership _____

:: APPLICATION FEE:

There is a non-refundable fee of \$50.00 + \$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 below or call the IDIBC office with a Visa or MasterCard number.



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:: POST SECONDARY EDUCATION:

First time Provisional IDIBC applicants are required to submit **ORIGINAL** transcripts or proof of educational level attained. Please notify school(s) to forward official transcripts directly to IDIBC. Transcripts must be in English or accompanied by official translations. Applications will not be processed until official school transcripts, stating that you have graduated, are received.

	DESIGN EDUCATION	OTHER POST SECONDARY EDUCATION
Institution	_____	_____
Address	_____	_____
Tel. No. Registrar's Office	_____	_____
Type of Program	_____	_____
Length of Program (see note below*)	_____	_____
Year Started/Year Finished	_____	_____
Percent Complete	_____	_____
Graduation Date	_____	_____
Certificate/Diploma/Degree	_____	_____

*not less than 60 semester or 90 quarter credits of interior design course work or BAID

:: SPONSORSHIP

All Provisional applicants are required to seek sponsorship of a current IDIBC Professional Member. If a sponsor cannot be found, contact the IDIBC office.

Signature of Sponsor:	_____	Date:	_____
Name of Sponsor:	_____	Telephone:	_____
Company:	_____	Fax:	_____

:: NCIDQ

Date of NCIDQ Qualification _____ Certificate #: _____

:: VOLUNTEER OPPORTUNITIES

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

- “CEU Committee “Membership Committee “Legal Committee “Communication Committee “Events Committee “Awards Committee



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:: WORK EXPERIENCE

Please list work experience, starting with most recent position (photocopy this page as required)

Company 1: _____ Position _____
 Address _____ Supervisor _____
 Type of Business _____ Telephone _____
 Full Time Years ____ Months ____ Date From _____
 Part Time Years ____ Months ____ Date To _____

Company 2: _____ Position _____
 Address _____ Supervisor _____
 Type of Business _____ Telephone _____
 Full Time Years ____ Months ____ Date From _____
 Part Time Years ____ Months ____ Date To _____

Company 3: _____ Position _____
 Address _____ Supervisor _____
 Type of Business _____ Telephone _____
 Full Time Years ____ Months ____ Date From _____
 Part Time Years ____ Months ____ Date To _____

:: 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 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, transcripts, NCIDQ proof and/or sponsor names have been received.

Signature of Applicant: _____ Date: _____