



MEMBERSHIP APPLICATION

page 1 of 3

:: PERSONAL INFORMATION

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

Previous Surname _____

Residential Address _____

Company Name _____

Co. 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.)

- ☐ **REGISTERED:** To qualify for this status, all new Registered Members must have successfully passed the NCIDQ examination and be actively involved in the field of Interior Design. A Registered Member is entitled to use the designation "Registered Interior Designer" (R.I.D.). The yearly cost of an IDI registered membership is \$518 plus GST and is prorated quarterly.
- ☐ **INTERN:** To qualify for this status, all new Intern members must have achieved 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. Intern members must undertake to write and successfully complete the NCIDQ Examination within five years of admission to the Society as an Intern member. The cost of an IDI Intern membership is \$245 plus GST and is prorated quarterly.

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

:: APPLICATION FEE:

There is a non-refundable fee of \$50.00 + \$2.50 GST for assessing this application. Please enclose a cheque or money order for \$52.50, payable to the Interior Designers Institute of British Columbia (IDIBC) and forward to the address below or complete the credit card information below or call the IDIBC office with a Visa or MasterCard number.

VISA/Mastercard number: _____ Expiry Date: _____

Name on card: _____ Signature: _____

**MEMBERSHIP APPLICATION**

page 2 of 3

:: POST SECONDARY EDUCATION:

First time Intern IDIBC applicants are required to submit **OFFICIAL** 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.

Transcripts Requested: ☐ Yes ☐ No

	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	_____	_____
Degree	_____	_____
*not less than BAID		

:: SPONSORSHIP

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

Signature of Sponsor: _____

Date: _____

Name of Sponsor: _____

Telephone: _____

Company: _____

Fax: _____

:: NCIDQ (Sponsor to complete if Intern member application)

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



MEMBERSHIP APPLICATION

page 3 of 3

:: 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: _____