INTERNATIONAL DESIGN SCHOOL

APPLICATION



| CONTACT INFORMATION | | |
|---|----------------------------|---|
| Prefix (Mr., Miss, Ms., Mrs.): | First Name: | Last Name: |
| Mailing Address: | | |
| Town/City: | | State/Region/Province: |
| Postal Code: | | Country: |
| Phone with Country Code: | | Fax with Country Code: |
| Email: | | Website: |
| School Name: | | |
| Job Title: | | |
| CHECKLIST Membership application | ☐ Membership due | es of \$135 USD Detailed description of interior design program and brief description of school |
| MEMBERSHIP DUES Note: Membership dues and processing fees ☐ Check ☐ AmEx CC# | ☐ Visa ☐ Mas | d are non-refundable . Dues for members are renewed each calendar year. terCard Signature (if charging) (00/00) Name on card |
| Interior Design Association (IIDA) | to make an independent inv | to the best of my knowledge and authorize the International vestigation of statements made on my application. When accepted for A as stated in the Bylaws and Code of Ethics. |
| Signature | | Date |

PROCESSING APPLICATION

Please submit your completed application, supporting document, and dues to:

IIDA MEMBERSHIP 2424 Momentum Place Chicago, IL 60689-5324

QUESTIONS?

Do not hesitate to reach out to IIDA with questions regarding membership or the application process.

PHONE: 312.467.1950 **FAX:** 312.467.0779

E-MAIL: membership@IIDA.org

CONNECT

Follow IIDA on social media to stay updated on events and news.



IIDA_HQ





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