

Interior Designers of Idaho

Application for Professional, Allied, or Student Membership

Please read the Membership Classification Form found under "Membership Information" at www.interiordesignersofidaho.com for explanation of memberships. All information must be complete. Please type or print clearly.

- Professional Membership \$75
- Allied Membership \$65
- Student Membership \$0

Mail To: Membership
Interior Designers of Idaho
PO Box 2053
Boise, Idaho 83701

Mr., Mrs., Ms.	Last	First	Middle
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Company or Firm

Mailing Address	City	State	Zip
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Telephone	Email Address
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EDUCATION

Copy of College transcript and/or technical school records with official seal must be submitted with this application. Your application for Professional status will not be reviewed unless the application is complete and records are received.

College or University	City	State
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From: (Month/Year)	To: (Month/Year)	Graduation Date	Degree Received
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INTERIOR DESIGN EXPERIENCE

Current Employer and Address _____

Duties Performed _____

Number of years employed _____ Full-Time Part-Time at _____ hrs. per week

Have you passed the NCIDQ Exam? Yes No

NCIDQ Certification # _____

VERIFICATION

The applicant, by signing and submitting this application, represents and acknowledges he/she has read and agrees to abide by the Code of Ethics professional conduct set forth by Interior Designers of Idaho. I attest to the accuracy of the above information and authorize the organization to confirm any statements made.

Signature	Date
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