



MEMBERSHIP APPLICATION

IIDA Industry Membership

Please print or type the following information.

MEMBER CATEGORY

MEMBERSHIP LEVEL AND DUES ARE BASED ON THE NUMBER OF INDIVIDUAL INDUSTRY REPRESENTATIVES A COMPANY DESIRES TO BE IIDA MEMBERS.

- \$ 7,500 COMPANY MEMBERSHIP
INCLUDES MEMBERSHIP FOR **30** INDIVIDUALS
- \$ 5,000 COMPANY MEMBERSHIP
INCLUDES MEMBERSHIP FOR **15** INDIVIDUALS
- \$3,500 COMPANY MEMBERSHIP
INCLUDES MEMBERSHIP FOR **10** INDIVIDUALS
- \$1,500 COMPANY MEMBERSHIP
INCLUDES MEMBERSHIP FOR **6** INDIVIDUALS
- \$900 COMPANY MEMBERSHIP
INCLUDES MEMBERSHIP FOR **3** INDIVIDUALS
- \$434 INDUSTRY INDIVIDUAL MEMBERSHIP FOR 1 INDIVIDUAL

*FOR THE \$900--\$7,500 LEVEL MEMBERSHIPS, A COMPANY MAY PURCHASE ADDITIONAL REPS FOR \$200 EACH. (THIS IS NOT AVAILABLE AT THE \$434 INDIVIDUAL MEMBERSHIP LEVEL)

E.G. IF YOUR COMPANY APPLIES FOR NEW COMPANY MEMBERSHIP AT THE \$7,500 LEVEL AND WISHES TO HAVE 35 REPRESENTATIVES INSTEAD OF THE ALLOTTED 30, YOU MAY SUBMIT PAYMENT OF \$7,500 + 5(\$200) = \$8,500.

FOR NEW INDUSTRY MEMBERS ONLY, THERE IS AN ADDITIONAL ONE-TIME \$75.00 PROCESSING FEE. PLEASE ADD THIS AMOUNT TO YOUR MEMBERSHIP LEVEL DUES.

Below please indicate the primary contact for the Industry Membership. On a separate sheet of paper, please list the name, job title, address, telephone number, fax number, e-mail address, and Forum choices (see list below) of employees who will be included as Members under the Industry Membership umbrella.

COMPANY NAME _____

LAST NAME _____ FIRST NAME _____ JOB TITLE _____

ADDRESS _____ CITY/STATE/ZIP _____

PHONE (WITH AREA CODE) _____ FAX _____

EMAIL _____ WEB SITE ADDRESS _____

COMPANY "TAG LINE" (I.E. "THE LEADING MANUFACTURER OF HIGH END TEXTILES") _____

CHAPTER ASSIGNMENT (SEE IIDA CHAPTERS PAGE) _____ CITY CENTER ASSIGNMENT _____

FORUMS

Forums are unique to IIDA. Forums encourage dialogue within an area of design practice. They have been established to deliver programs that coincide with the following specialized areas of practice. Please select your company's areas of design specialty.

- CORPORATE
- FACILITY PLANNING + DESIGN
- RESIDENTIAL
- HEALTHCARE
- GOVERNMENT
- RETAIL
- EDUCATION + RESEARCH
- HOSPITALITY
- SUSTAINABLE DESIGN

AUTHORIZATION

I hereby certify that the information herein is true and correct to the best of my knowledge and authorize the International Interior Design Association to make independent investigations of statements made on this application. If accepted for membership, I will support the purposes and objectives of IIDA as stated in the bylaws and code of ethics.

SIGNATURE _____ DATE _____

PROCESSING

Please mail completed application, \$75 processing fee and the appropriate dues to:

IIDA Membership Processing
IIDA Industry Membership
222 Merchandise Mart Plaza,
Suite 1540
Chicago, Illinois 60654-1104
USA
PHONE 312 467 1950
FAX 312 467 0779
TOLL FREE 888 799 IIDA (4432)
E-MAIL membership@iida.org
WEBSITE www.iida.org

If you have questions, please contact Matt Pickett at 888.799.IIDA (4432) or mpickett@iida.org.

MEMBERSHIP DUES

Dues for Industry Members are renewable each calendar year. Processing fee and membership dues must be paid in US funds only.

PROCESSING FEE (ONE TIME)	+	DUES	+	ADDITIONAL INDIVIDUALS @ \$200 EACH	=	TOTAL PAYMENT
\$75	+	\$7,500 MEMBERSHIP	+	_____	=	_____
\$75	+	\$5,000 MEMBERSHIP	+	_____	=	_____
\$75	+	\$3,500 MEMBERSHIP	+	_____	=	_____
\$75	+	\$1,500 MEMBERSHIP	+	_____	=	_____
\$75	+	\$900 MEMBERSHIP	+	_____	=	_____
\$75	+	\$434 IND. MEMBERSHIP	+	N/A	=	_____

- AMEX MASTERCARD VISA CHECK NO. _____ [PAYABLE TO IIDA]

CREDIT CARD NUMBER _____ EXPIRATION DATE _____

NAME AS IS APPEARS ON CARD _____ SIGNATURE _____