



APPLICATION FOR MEMBERSHIP
Interior Designer Member

NORTHWEST SOCIETY *of* INTERIOR DESIGNERS

CONTACT INFORMATION

Your Full Name _____
 Firm _____
 Address _____
 City _____ State _____ Zip _____
 Business Telephone _____
 Cell _____ Fax _____
 Email (required) _____ Website _____

ANNUAL DUES

Select one. Details at www.nwsid.net

- Professional \$275
- Associate \$275
- Apprentice \$275
- Sustaining \$137.50

ADDITIONAL FEES

- Application Fee (non-refundable) \$50
- Enhanced Web Listing (see www.nwsid.net) \$75

PROFESSIONAL EDUCATION Please attach official transcripts. (required)

| Design School | Complete Address | From | To | Degree |
|---------------|------------------|------|----|--------|
| | | | | |
| | | | | |

EMPLOYMENT Please include self-employment.

| Firm Name and Contact (Email or Telephone required) | From | To | Position | Full/Pt Time |
|---|------|----|----------|--------------|
| | | | | |
| | | | | |
| | | | | |

TRADE REFERENCES Please provide 3 design-related references. (required)

| Business Name | Contact Person | Telephone / Email |
|---------------|----------------|-------------------|
| | | |
| | | |
| | | |

ADDITIONAL INFORMATION Please include verification for exams.

Exams Passed: NCIDQ CQRID OTHER _____
 Other Professional Memberships: ASID IIDA OTHER _____
 Referred By: _____

I do hereby apply for membership in the Northwest Society of Interior Designers. I agree to support the Society, to follow its by-laws and Code of Ethics, and to do my best to maintain and build the prestige of the profession. I attest to the accuracy of the above information and authorize the Society to confirm the statements made above.

Signature _____ Date _____

Send Application and Payments to NWSID 5701 Sixth Avenue South ~ Suite 214 Seattle, Washington 98108

PAYMENT

Required at time of application

Dues \$ _____ + Fees \$ _____
 = Total \$ _____

Please include check with your application.

or

To pay by Visa or MasterCard, contact us:
nwsid@nwsid.net / 206.763.8799