



Puget Sound Chapter
5701 6th Ave. S, Suite 214
Seattle, WA, 98108

APPLICATION FOR:

Students

TYPE OF APPLICATION New Member Reinstatement

MEMBERSHIP CATEGORY & Student (\$70.00)

Annual Dues and Fees:

* \$50.00 Filing fee is waived for students.

** There is a pro-rated dues chart for applicants who join midyear:

**** PRO-RATED CHART OF MEMBERSHIP DUES AND FEES**

Pro-rated when application is received by mid-year as outlined below. (Fiscal year is July 1 – June 30).

| | |
|-----------------|----------------|
| | Student |
| Jan 1 – June 30 | \$40.00 |

Please print and complete all sections of application

NAME: _____ SCHOOL _____

HOME ADDRESS: _____

HOME PHONE: _____ FAX _____ CELL _____

SCHOOL PHONE _____ YOUR EMAIL _____

EDUCATION: *Please attach official transcript or proof of student status (required)*

| | Name of School | Complete Address | From | To | Degree | Total Yrs |
|-------------------------|----------------|------------------|------|----|--------|-----------|
| College/ University | | | | | | |
| Technical/ Professional | | | | | | |
| Design School | | | | | | |

EMPLOYMENT RECORD: Begin with current position. Include self-employment

| Firm | Telephone No. | From Mo/Yr | To Mo/Yr | Position Held | Full/ Part Time | Total Yrs/ Mos worked |
|------|---------------|------------|----------|---------------|-----------------|-----------------------|
| | | | | | | |

Membership in other professional organizations: ASID IIDA AIA NKBA OTHER



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APPLICATION FOR:

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I do hereby apply for membership in the Northwest Society of Interior Designers, Puget Sound Chapter. 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 any statements made.

SIGNATURE _____ DATE _____

MAIL TO: NWSID, 5701 6th Ave S, Suite 214, Seattle, WA 98108 Tel: (206) 763-8799

STUDENT DUES: Student Member \$ _____

PLEASE MAKE CHECK PAYABLE TO NWSID.

If you prefer to pay with a credit card please fill out the following;

I would like to pay with: VISA _____ MASTERCARD _____

CARD NUMBER _____ Exp date: _____

3 Digit Security Number from the back of card _____

Print Name as it appears on card: _____

Signature: _____ Date: _____

Credit card billing address _____

FOR OFFICIAL NWSID USE ONLY: Date member introduced: _____

Date received: _____ Received by: _____ Check No. _____

Credit Card approval date: _____ Date Payment cleared: _____

Dues: Membership \$ _____ Total \$ _____

Ref# _____ Approval # _____ Approval Date: _____

Transcripts Portfolio Exam taken (date) _____

Approved: 1. 2. 3. 4. 5.

Date Sent to Membership Chair _____ Date Member Packet Delivered: _____