



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

APPLICATION FOR:

Professional Resource Affiliates

TYPE OF MEMBERSHIP: **New Member \$295.00** **Reinstatement**

**There is a non-refundable filing fee of \$50.00 in addition to the above dues which must be paid on application*

**** There is a pro-rated dues chart for applicants who join mid year**

Please print and complete all sections of application

NAME: _____ **COMPANY** _____

TYPE OF BUSINESS _____

ADDRESS: _____

BUSINESS PHONE: _____ **FAX** _____ **CELL** _____

HOME PHONE: _____ **EMAIL ADDRESS** _____

WEB ADDRESS: http://www. _____

CCB &/or BOND# NUMBER IF APPLICABLE: _____

BUSINESS LICENSE NO. _____ **YEARS IN BUSINESS** _____

If less than 3 years in current business, please list previous employer and responsibilities.

Authorized Company Representative to NWSID. 1. _____ **Position** _____

Copy of business license must accompany application (if applicable).

DESIGNER and/or CUSTOMER REFERENCES:

Name	Address	Telephone No.	Type of Business

TRADE and/or INDUSTRY REFERENCES:

Name	Address	Telephone No.	Type of Business



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Membership in other professional organizations: ASID IIDA AIA NKBA
 ORA HBA BIA NARI OTHER _____

**** PRO RATE CHART FOR MEMBERSHIP DUES AND FEES**

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

Note: A Non-Refundable Filing Fee of \$50.00 is due with Application(s).

	Professional Resource Affiliate
Jan. 1 – March 31	\$200.00
April 1 – June 30	\$125.00

MEMBERSHIP DIRECTORY LISTING AND WEB SITE REFERRAL LISTINGS INFORMATION

Please check the services that best represent your business. Please select up to 3 from the following list (no additions)

- | | | |
|---|--|---|
| <input type="checkbox"/> Accessories | <input type="checkbox"/> Education | <input type="checkbox"/> Picture Framing & Mirrors |
| <input type="checkbox"/> Antiques | <input type="checkbox"/> Fabric & Textiles & Trim | <input type="checkbox"/> Plumbing Supplies |
| <input type="checkbox"/> Appliances | <input type="checkbox"/> Fabric Protection | <input type="checkbox"/> Space / Closet Organizers |
| <input type="checkbox"/> Architect & Building Designer | <input type="checkbox"/> Faux Finisher / Muralist | <input type="checkbox"/> Specialty Glass |
| <input type="checkbox"/> Area Rugs | <input type="checkbox"/> Fireplace Design | <input type="checkbox"/> Stair Design |
| <input type="checkbox"/> Art & Mirrors | <input type="checkbox"/> Flooring Supplier | <input type="checkbox"/> Trade Organizations |
| <input type="checkbox"/> Audio/Video/Electronics | <input type="checkbox"/> Flooring / Carpet Installer | <input type="checkbox"/> Wall Covering Supplier |
| <input type="checkbox"/> Beddings & Tabletop | <input type="checkbox"/> Floral Design / Interior Trees & Plants | <input type="checkbox"/> Wall Covering Installer |
| <input type="checkbox"/> Blinds/Hard Window Coverings | <input type="checkbox"/> Furniture / Custom Furniture | <input type="checkbox"/> Web Design |
| <input type="checkbox"/> Cabinet Manufacturer & Supplier | <input type="checkbox"/> Lighting & Lighting Design | <input type="checkbox"/> Window Tinting / Film |
| <input type="checkbox"/> Carpet / Furniture Cleaning & Repair | <input type="checkbox"/> Natural Stone / Ceramic Installer | <input type="checkbox"/> Window Treatments / Workroom |
| <input type="checkbox"/> Carpet & Supplier | <input type="checkbox"/> Natural Stone / Tile Distributor | <input type="checkbox"/> Wireless Electrical Systems |
| <input type="checkbox"/> Contractor / Builder | <input type="checkbox"/> Paint Supplier | |
| <input type="checkbox"/> Countertop Surfaces | <input type="checkbox"/> Painters Interior& Exterior | |
| <input type="checkbox"/> Drapery Hardware / Installation | <input type="checkbox"/> Photography | |

NOTE: At this time no additional categories will be added. Please contact Membership to request a new product/service.

Please check if your Business is To the Trade Only



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ITEMS TO BE SUBMITTED ON ACCEPTANCE

Part of your membership fee provides an online directory listing. In order to complete your membership application you will be required to submit the following information to our Web Administrator for inclusion in the online listings:

Photo: A photo of yourself. Image size 600 pixels wide, (head and shoulders if possible).

Bio: A short bio on yourself and your company that focuses on marketing to the consumer visitors.

Please include your business card.

PAYMENTS INCLUDED: \$50.00 Non refundable filing fee

AND MEMBER DUES: Professional Resource Affiliate \$ _____

 \$50.00 Additional co-worker name _____

 \$50.00 Additional co-worker name _____

 \$50.00 Additional co-worker name _____

 \$50.00 Additional co-worker name _____

 \$50.00 Additional co-worker name _____

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 back of card _____

Print Name as it appears on card: _____

Signature: _____ DATE _____

Credit card billing address _____



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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, Seattle WA 98108 Tel: (206) 763-8799

FOR OFFICIAL NWSID USE ONLY: Date member introduced: _____ New Member Id: _____

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

Credit Card approval date: _____ Date Payment cleared: _____

Dues: Membership \$ _____ Plus Application fee of \$50.00 _____ Total \$ _____

Ref# _____ Approval # _____ Approval Date: _____

Transcripts Portfolio Exam taken (date) _____ Business License _____

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

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