

**DESIGNERS & STUDENTS  
 MEMBERSHIP APPLICATION**

**ANNUAL NWSID DUES AND FEES**

1) SELECT APPLICATION TYPE →      New Member        Reinstatement      
 Change of Status        Student   

2) SELECT MEMBERSHIP CATEGORY ↓      3) CALCULATE TOTAL PAYMENT ↓

<p><b>PLEASE NOTE:</b>  <i>Membership category descriptions and guidelines may be found in the cover letter accompanying this application.</i></p>	<b>MEMBERSHIP YEAR IS JULY - JUNE</b>		
	<input type="checkbox"/> <b>Professional</b>	<input type="checkbox"/> \$275.00 (July – June) <input type="checkbox"/> \$200.00 (November – June) <input type="checkbox"/> \$150.00 (March – June)	+ \$50 application fee = <input style="width: 50px;" type="text"/> <b>TOTAL</b>
	<input type="checkbox"/> <b>Associate</b>	<input type="checkbox"/> \$275.00 (July – June) <input type="checkbox"/> \$200.00 (November – June) <input type="checkbox"/> \$150.00 (March – June)	+ \$50 application fee = <input style="width: 50px;" type="text"/> <b>TOTAL</b>
	<input type="checkbox"/> <b>Apprentice</b>	<input type="checkbox"/> \$200.00 (July – June) <input type="checkbox"/> \$150.00 (November – June) <input type="checkbox"/> \$100.00 (March – June)	+ \$50 application fee = <input style="width: 50px;" type="text"/> <b>TOTAL</b>
	<input type="checkbox"/> <b>Student</b>	<input type="checkbox"/> \$55.00 (July – June) <input type="checkbox"/> \$42.00 (November – June) <input type="checkbox"/> \$25.00 (March – June)	<i>Application fee waived:</i> <input style="width: 50px;" type="text"/> <b>TOTAL</b>

**METHOD OF PAYMENT**

CHECK # \_\_\_\_\_ CREDIT CARD: VISA  M/C   
 Please make checks payable to NWSID.

CARD NUMBER: \_\_\_\_\_ V-CODE: \_\_\_\_\_ (3-digit code on back of card)  
 EXACT NAME AS SHOWN ON CARD: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month year

BILLING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
 SIGNATURE OF CARD HOLDER: \_\_\_\_\_ DATE: \_\_\_\_\_

**MEMBERSHIP INFORMATION**

NAME: \_\_\_\_\_

COMPANY|SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ FAX: \_\_\_\_\_ CELL: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

WEB ADDRESS: \_\_\_\_\_

BUSINESS LICENSE NO.: \_\_\_\_\_ YEARS IN BUSINESS: \_\_\_\_\_

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**EDUCATION**

*Official, sealed transcript of college and/or technical school must accompany application.*

COLLEGE/UNIVERSITY

TECHNICAL/PROFESSIONAL

NAME OF SCHOOL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

ATTENDED FROM: \_\_\_\_\_ TO: \_\_\_\_\_ DEGREE: \_\_\_\_\_ TOTAL YEARS: \_\_\_\_\_

**EMPLOYMENT RECORD**

*Please begin with current position and include self-employment.*

NAME OF FIRM: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ FULL/PART TIME: \_\_\_\_\_

FROM: (MO/YR) \_\_\_\_\_ TO: (MO/YR) \_\_\_\_\_ TOTAL YEARS/MONTHS WORKED: \_\_\_\_\_

NAME OF FIRM: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ FULL/PART TIME: \_\_\_\_\_

FROM: (MO/YR) \_\_\_\_\_ TO: (MO/YR) \_\_\_\_\_ TOTAL YEARS/MONTHS WORKED: \_\_\_\_\_

NAME OF FIRM: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

POSITION HELD: \_\_\_\_\_ FULL/PART TIME: \_\_\_\_\_

FROM: (MO/YR) \_\_\_\_\_ TO: (MO/YR) \_\_\_\_\_ TOTAL YEARS/MONTHS WORKED: \_\_\_\_\_

**TRADE REFERENCES**

*(For Professional, Associate & Apprentice Membership categories ONLY.)*

NAME: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ YEARS OF RELATIONSHIP: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

NAME: \_\_\_\_\_ TELEPHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ YEARS OF RELATIONSHIP: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**EXAMS PASSED**

*Please supply verification.*

NCIDQ

CQRID

OTHER: \_\_\_\_\_

**MEMBERSHIP IN OTHER PROFESSIONAL ORGANIZATIONS**

AIA

ASID

HBA

IIDA

NKBA

ORA

OTHER: \_\_\_\_\_

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**SIGNATURE**

*I do hereby apply for membership in the Northwest Society of Interior Designers, Southern 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: \_\_\_\_\_

PLEASE PRINT NAME: \_\_\_\_\_

**RETURN COMPLETED APPLICATION TO:**

**MAIL:** 7327 SW Barnes Road, PMB 312  
 Portland, Oregon 97225  
**EMAIL:** info@nwsid.org

**Questions? Just give us a call: 503.222.4664**

**FOR OFFICIAL NWSID USE ONLY**

DATE RECEIVED: \_\_\_\_\_ RECEIVED BY: \_\_\_\_\_

TRANSCRIPTS: \_\_\_\_\_ SUPPORTING DOCUMENTATION: \_\_\_\_\_ PHOTO: \_\_\_\_\_ BIO \_\_\_\_\_

BOARD APPROVAL SIGNATURES:

- |    |    |
|----|----|
| 1. | 2. |
| 3. | 4. |
| 5. |    |

BOARD APPROVAL DATE: \_\_\_\_\_ DATE RETURNED TO OFFICE: \_\_\_\_\_

MEMBERSHIP DUES: \_\_\_\_\_ + \$50 APPLICATION FEE: \_\_\_\_\_ TOTAL DUE: \_\_\_\_\_

CHECK/CC REF NO.: \_\_\_\_\_ DATE PMT CLEARED: \_\_\_\_\_

NEW MEMBER ID: \_\_\_\_\_ DATE MEMBER PACKET DELIVERED: \_\_\_\_\_

DATE MEMBER INTRODUCED: \_\_\_\_\_