

**PROFESSIONAL RESOURCE  
 MEMBERSHIP APPLICATION**

**ANNUAL NWSID DUES AND FEES**

<b>1) SELECT APPLICATION TYPE</b> →	New Member <input type="checkbox"/> Reinstatement <input type="checkbox"/>
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**2) CALCULATE TOTAL PAYMENT** ↓

<p><b>MEMBERSHIP YEAR IS JULY - JUNE</b></p> <p><b>PLEASE NOTE:</b>  <i>You may find the Professional Resource Membership description and guideline on the cover letter accompanying this application.</i></p>	<input type="checkbox"/> \$275.00 (July – June) <input type="checkbox"/> \$200.00 (November – June) <input type="checkbox"/> \$125.00 (March – June) <input type="checkbox"/> + \$50 Application fee Allow 2 reps per PRA membership <input type="checkbox"/> + \$75 for each additional rep beyond 2 No. of reps: ____ x \$75 = <input style="width: 50px;" type="text"/>  <p style="text-align: right;"><b>GRAND TOTAL</b> <input style="width: 100px;" type="text"/></p>
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**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: \_\_\_\_\_ TITLE: \_\_\_\_\_

COMPANY: \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_

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

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

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

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

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**ADDITIONAL COMPANY INFORMATION**

BUSINESS LICENSE NO.: \_\_\_\_\_ (Must provide copy) YEARS IN BUSINESS: \_\_\_\_\_  
 CCB NO. (if applicable): \_\_\_\_\_  
 If less than 3-years in current business, please list previous employer and responsibilities.  
 NAME OF FIRM: \_\_\_\_\_  
 POSITION HELD: \_\_\_\_\_  
 RESPONSIBILITIES: \_\_\_\_\_

**NWSID AUTHORIZED REPRESENTATIVE(S)**  
 Contact NWSID if wish to have more than 2 representatives. Tel: 503.222.4664 | Email: info@nwsid.org  
 (Additional representatives are \$75 each.)

1. NAME: _____	2. NAME: _____
POSITION HELD: _____	POSITION HELD: _____
EMAIL: _____	EMAIL: _____

**DESIGNER AND/OR CUSTOMER REFERENCES**

NAME: _____	TELEPHONE NUMBER: _____
ADDRESS: _____	TYPE OF BUSINESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____	_____
NAME: _____	TELEPHONE NUMBER: _____
ADDRESS: _____	TYPE OF BUSINESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____	_____
NAME: _____	TELEPHONE NUMBER: _____
ADDRESS: _____	TYPE OF BUSINESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____	_____

**TRADE AND/OR INDUSTRY REFERENCES**

NAME: _____	TELEPHONE NUMBER: _____
ADDRESS: _____	TYPE OF BUSINESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____	_____
NAME: _____	TELEPHONE NUMBER: _____
ADDRESS: _____	TYPE OF BUSINESS: _____
CITY: _____ STATE: _____ ZIP CODE: _____	_____

**MEMBERSHIP IN OTHER PROFESSIONAL ORGANIZATIONS**

AIA  ASID  HBA  IIDA  NKBA  ORA   
 OTHER: \_\_\_\_\_

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**MEMBERSHIP DIRECTORY AND WEBSITE REFERRAL LISTINGS INFORMATION**

Check if your business is  
 TO THE TRADE ONLY

Please check the services that best represent your business.  
 Please select only **THREE** from the following list and please no additions.

<input type="checkbox"/> Accessories	<input type="checkbox"/> Decorative Hardware	<input type="checkbox"/> Game Room Equip.	<input type="checkbox"/> Natural Stone Distributor	<input type="checkbox"/> Tile & Stone
<input type="checkbox"/> Appliances	<input type="checkbox"/> Drapery Hardware	<input type="checkbox"/> Garden Accessories	<input type="checkbox"/> Office Furnishing	<input type="checkbox"/> Tile Showroom/Supplier
<input type="checkbox"/> Art Framer	<input type="checkbox"/> Drapery Workroom	<input type="checkbox"/> General Contractor	<input type="checkbox"/> Paint Supplier	<input type="checkbox"/> Vacuum Cleaning Systems
<input type="checkbox"/> Art Gallery	<input type="checkbox"/> Education	<input type="checkbox"/> Hardware & Plumbing Products	<input type="checkbox"/> Painting Contractor	<input type="checkbox"/> Wall Coverings
<input type="checkbox"/> Artist	<input type="checkbox"/> Fabric & Textiles Showroom	<input type="checkbox"/> Heating & Cooling	<input type="checkbox"/> Photography	<input type="checkbox"/> Window Coverings
<input type="checkbox"/> Audio/Video/Electronics	<input type="checkbox"/> Fabric Finishes	<input type="checkbox"/> Hot Tubs & Spas	<input type="checkbox"/> Remodeler	<input type="checkbox"/> Window Tinting
<input type="checkbox"/> Cabinetry	<input type="checkbox"/> Faux Finisher/Muralist	<input type="checkbox"/> Landscape & Lighting Design	<input type="checkbox"/> Rugs and/or Rug Appraisal	<p><b>PLEASE NOTE:</b>  <i>At this time no additional categories will be added.            Please contact Membership to request a new product/service category.</i></p>
<input type="checkbox"/> Carpet/Rug/Upholstery Cleaning & Repair	<input type="checkbox"/> Flooring Surfaces	<input type="checkbox"/> Linens	<input type="checkbox"/> Security & Life Safety Systems	
<input type="checkbox"/> Carpet Supplier	<input type="checkbox"/> Furniture/Cabinet Re-finisher	<input type="checkbox"/> Magazine Publishing	<input type="checkbox"/> Solid Surface & Mold Fabricator	
<input type="checkbox"/> Counter Top Surfaces	<input type="checkbox"/> Furniture Manufacturer	<input type="checkbox"/> Millwork	<input type="checkbox"/> Space/Closet Organizers	

**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: \_\_\_\_\_

BUS. LICENSE: \_\_\_\_\_ CCB. LICENSE (if applicable): \_\_\_\_\_ SUPPORTING DOC.: \_\_\_\_\_ PHOTO: \_\_\_\_\_ BIO \_\_\_\_\_

BOARD APPROVAL SIGNATURES:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_

5. \_\_\_\_\_

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

MEMBERSHIP DUES: \_\_\_\_\_ + \$50 APP. FEE: \_\_\_\_\_ + ADD'L REPS: \_\_\_\_\_ TOTAL DUE: \_\_\_\_\_

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

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

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