



Portland Chapter

**DESIGNER
MEMBERSHIP APPLICATION**

ANNUAL NWSID DUES AND FEES

1) SELECT APPLICATION TYPE →

New Member <input type="checkbox"/>	Reinstatement <input type="checkbox"/>
Change of Status <input type="checkbox"/>	

2) SELECT MEMBERSHIP CATEGORY ↓ PLEASE NOTE: <i>Membership category descriptions and guidelines may be found on the NWSID web site:</i> nwsid.org/join-nwsid	3) CALCULATE TOTAL PAYMENT ↓	
	Professional Designer	\$275.00 (July-June) \$150.00 (partial year after January 1st)
	Associate Designer	\$275.00 (July-June) \$150.00 (partial year after January 1st)
	Sustaining Member	\$137.50 (July-June) <i>no partial year, existing members only</i>
	Emerging Designer	\$55.00 (July-June) \$30.00 (partial year after January 1st)
		+ \$50 application fee = TOTAL
		Application fee waived: TOTAL
		Application fee waived: TOTAL

METHOD OF PAYMENT

CHECK # _____ CREDIT CARD: VISA M/C

Please make checks payable to NWSID.

CARD NUMBER: _____ (CCV) _____

NAME AS SHOWN ON CARD: _____ EXP. DATE: _____ month / year

BILLING ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

SIGNATURE OF CARD HOLDER: _____ DATE: _____

MEMBERSHIP INFORMATION

NAME: _____

COMPANY / SCHOOL: _____

MAILING ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

BUSINESS PHONE: _____ CELL: _____

HOME PHONE: _____ EMAIL: _____

WEBSITE 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: _____

MAILING ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

DATES ATTENDED FROM: _____ TO: _____ DEGREE: _____ CERTIFICATE: _____

EMPLOYMENT RECORD

Please begin with current position and include self-employment.

NAME OF FIRM: _____ PHONE: _____

POSITION HELD: _____ FULL OR PART TIME: _____

DATES FROM: _____ TO: _____ TOTAL YEARS/MONTHS WORKED: _____

NAME OF FIRM: _____ PHONE: _____

POSITION HELD: _____ FULL OR PART TIME: _____

DATES FROM: _____ TO: _____ TOTAL YEARS/MONTHS WORKED: _____

NAME OF FIRM: _____ PHONE: _____

POSITION HELD: _____ FULL OR PART TIME: _____

DATES FROM: _____ TO: _____ TOTAL YEARS/MONTHS WORKED: _____

TRADE REFERENCES

Not required for Emerging Designer Applicants currently attending school or applying as recent graduates, and cannot be the same supplier providing a letter of recommendation.

NAME: _____ PHONE: _____

ADDRESS: _____ YEARS OF RELATIONSHIP: _____

NAME: _____ PHONE: _____

ADDRESS: _____ YEARS OF RELATIONSHIP: _____

EXAMS PASSED

Please supply verification.

NCIDQ CQRID CKBD OTHER _____

MEMBERSHIP IN OTHER PROFESSIONAL ORGANIZATIONS

AIA ASID HBA IIDA NKBA ORA

OTHER _____



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**DESIGNER
MEMBERSHIP APPLICATION**

SIGNATURE

*I do hereby apply for membership in the Northwest Society of Interior Designers, Portland 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: NWSID Membership, 7140 SW Fir Loop, Suite 100, Tigard, OR 97223
EMAIL: membership@nwsid.org

Questions? Please call us: 503.222.4664

FOR OFFICIAL NWSID USE ONLY

DATE RECEIVED: _____	RECEIVED BY: _____		
TRANSCRIPTS: _____	SUPPORTING DOCUMENTATION: _____	PHOTO: _____	BIO: _____
BOARD APPROVAL SIGNATURES:			
1	4		
2	5		
3			
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: _____			