

# NWSID

Portland Chapter



**NORTHWEST SOCIETY  
OF INTERIOR DESIGNERS**

## PROFESSIONAL RESOURCE MEMBERSHIP APPLICATION

### ANNUAL NWSID DUES AND FEES

1) SELECT APPLICATION TYPE →

New Member

Reinstatement

2) CALCULATE TOTAL PAYMENT ↓

MEMBERSHIP YEAR IS JULY - JUNE

PLEASE NOTE:  
Membership category  
descriptions and guidelines  
may be found on the NWSID  
web site:

Joint Chapter, Seattle-Portland

\$500.00 (July - June)

+ \$50 application fee =

Includes 4 Reps, 2 per market

\$275.00 (partial year after January 1st)

Portland Market Only

\$275.00 (July - June)

+ \$50 application fee =

Includes 2 Reps

\$150.00 (partial year after January 1st)

Additional Reps beyond 2

\$75.00 each (July - June)

**TOTAL**

### METHOD OF PAYMENT

CHECK # \_\_\_\_\_

Please make checks payable to NWSID.

CREDIT CARD:

VISA

M/C

CARD NUMBER: \_\_\_\_\_

(CCV) \_\_\_\_\_

NAME AS SHOWN ON CARD: \_\_\_\_\_

EXP. DATE: \_\_\_\_\_ month / year

BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

SIGNATURE OF CARD HOLDER: \_\_\_\_\_

DATE: \_\_\_\_\_

### MEMBERSHIP INFORMATION

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

TITLE: \_\_\_\_\_

COMPANY: \_\_\_\_\_

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

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

CELL: \_\_\_\_\_

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

EMAIL: \_\_\_\_\_

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

TITLE: \_\_\_\_\_

COMPANY: \_\_\_\_\_

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

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_

CELL: \_\_\_\_\_

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

EMAIL: \_\_\_\_\_

WEBSITE 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: \_\_\_\_\_

DESIGNER AND/OR CUSTOMER REFERENCES

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_
ADDRESS: \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_
NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_
ADDRESS: \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_
NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_
ADDRESS: \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_

TRADE AND/OR INDUSTRY REFERENCES

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_
ADDRESS: \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_
NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_
ADDRESS: \_\_\_\_\_ TYPE OF BUSINESS: \_\_\_\_\_

MEMBERSHIP IN OTHER PROFESSIONAL ORGANIZATIONS

AIA [ ] ASID [ ] HBA [ ] IIDA [ ] NKBA [ ] ORA [ ]
[ ] OTHER \_\_\_\_\_



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PROFESSIONAL RESOURCE MEMBERSHIP APPLICATION

MEMBERSHIP DIRECTORY LISTINGS INFORMATION

Is your business TO THE TRADE ONLY? Yes [ ] No [ ]

- Appliances, Architect, Art Framer / Art Gallery, Artist / Faux Finisher / Muralist, Audio Video Electronics, Cabinets, Carpet Supplier/ Cleaning, Closet System/ Organizer, Counter top Surfaces, Doors/ Millwork / Windows, Fabric and Textiles, Fabricator, Fireplace / Outdoor Living, Flooring Surfaces, Furniture, Furniture/Cabinet Finisher, General Contractor / Remodeler, Landscape, Lighting / Light Design, Paint Supplier/ Paint Contractor, Photography, Plumbing & Hardware Products, Realtor, Rugs and / or Rug Appraisal, Security & Life Safety Systems, Tile/ Stone Showroom Supplier, Upholstery / Cleaning & Repair, Wall Coverings, Window Coverings / Drapery, Window Tinting

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: \_\_\_\_\_
BUSINESS LICENSE: \_\_\_\_\_ SUPPORTING DOCUMENTATION: \_\_\_\_\_ PHOTO: \_\_\_\_\_ BIO: \_\_\_\_\_
CCB LICENSE (if applicable) \_\_\_\_\_
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 INTROUCEID: \_\_\_\_\_