



Portland Chapter

DESIGNER MEMBERSHIP APPLICATION

ANNUAL NWSID DUES AND FEES

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

METHOD OF PAYMENT

<input type="checkbox"/> CHECK # _____ Please make checks payable to NWSID.	CREDIT CARD: VISA <input type="checkbox"/> MIC <input type="checkbox"/> CARD NUMBER: _____ (CCV) _____ NAME AS SHOWN ON CARD: _____ EXP. DATE: _____ month / year BILLING ADDRESS: _____ CITY: _____ _____ STATE: _____ ZIP: _____ SIGNATURE OF CARD HOLDER: _____ DATE: _____
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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: _____

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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, P.O. Box 1315 Hillsboro, OR 97123
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 INTRODUCEID:	_____		