



Portland Chapter

PROFESSIONAL RESOURCE MEMBERSHIP APPLICATION

ANNUAL NWSID DUES AND FEES

1) SELECT APPLICATION TYPE →	New Member <input type="checkbox"/>	Reinstatement <input type="checkbox"/>	
2) CALCULATE TOTAL PAYMENT ↓			
MEMBERSHIP YEAR IS JULY - JUNE PLEASE NOTE: <i>Membership category descriptions and guidelines may be found on the NWSID web site:</i>	<input type="checkbox"/> Joint Chapter, Seattle-Portland	\$500.00 (July–June) Includes 4 Reps, 2 per market \$275.00 (partial year after January 1st)	+ \$50 application fee =
	<input type="checkbox"/> Portland Market Only	\$275.00 (July–June) Includes 2 Reps \$150.00 (partial year after January 1st)	+ \$50 application fee =
	Additional Reps beyond 2 \$75.00 each (July–June)		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

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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NORTHWEST SOCIETY OF INTERIOR DESIGNERS

PROFESSIONAL RESOURCE MEMBERSHIP APPLICATION

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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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 c/o Dragon Financial ATTN: 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: _____ BUSINESS LICENSE: _____ SUPPORTING DOCUMENTATION: _____ PHOTO: _____ BIO: _____ CCB LICENSE (if applicable) _____ 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 INTROUCEID: _____