



P O Box 750981  
Dayton, OH 45475

## Student Membership Application

**Instructions:**

Please complete the following and return to:

Dayton Society of Interior Designer  
P O Box 750981  
Dayton, OH 45475

Your completed application will be reviewed by the Executive Board and you will be notified by our Membership Coordinator of the results. Please include your check for \$25.00 made payable to DSID. (Annual dues are \$25.00 per student)

**Qualifications for Student Membership are as follows:**

- Any individual enrolled in a four or five year Interior Design program to earn a degree in Interior Design
- Any individual enrolled in a two year Interior Design program to earn a degree in Interior Design

Name: (Mr/Mrs/Miss/Ms) \_\_\_\_\_ D.O.B. \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Name of current college or university: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_ Degree: \_\_\_\_\_

Are you a student member of ASID: \_\_\_\_\_ Do you plan to take the NCIDQ? \_\_\_\_\_

Are you a member of any other professional design organizations? \_\_\_\_\_

If so, please list: \_\_\_\_\_

Do you have any Interior Design Experience at this time? If so, please explain: \_\_\_\_\_

\_\_\_\_\_

I submit this application with a check for the current year's dues. I confirm all statements in this application are true. I understand membership fees are due December 31 of each year and must be submitted with a renewal form. (Renewal Forms will be mailed to you in November)

Once I have completed my Interior Design Education, I may then apply for either Associate or Professional Membership in DSID. A separate application must be completed to move to that level.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Effective 1/1/11