



P O Box 750981
Dayton, OH 45475

Associate 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 \$50.00 made payable to DSID, along with a copy of your diploma. (Annual dues are \$50.00 per member per firm)

Qualifications for Associate Membership are as follows:

- Any individual working as an Interior Designer who does not yet meet the qualifications of Professional Membership.

This level requires two (2) current member referrals from DSID.

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

Firm Name: _____ Date Employed: _____

Title: _____ Telephone: _____ - _____ - _____ Fax: _____ - _____ - _____

Firm Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Web Site Address: _____

Residence Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ - _____ - _____ Cell: _____ - _____ - _____

Please indicate where you would like mailings sent: Firm Address or Residence Address (Circle one)

EDUCATION:

High School: _____ City: _____ State: _____ Year Graduated: _____

College: _____ City: _____ State: _____

Highest Degree Earned: _____ Date: _____ M/YY

Other: _____ City: _____ State: _____

PREVIOUS EMPLOYMENT:

Firm Name: _____ Position Held: _____

Firm Address: _____

Firm's Phone _____ Dates of Employment: _____ Full time or Part time
(CIRCLE ONE)

Firm Name: _____ Position Held: _____

Firm Address: _____

Firm's Phone _____ Dates of Employment: _____ Full time or Part time
(CIRCLE ONE)

If necessary, use additional space on the back of this page.

Are you a member of any professional design associations? _____

If so, please list: _____

Please list your referral members below:

I submit this application with a check for the current year's dues. If this application is denied, I understand my check will be returned. I further 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 the necessary experience, I may then qualify for Professional Membership of DSID. A separate application must be completed to move to that level.

Signature: _____ Date: _____

Effective 1/11

_____ Check Enclosed

_____ Copy of Diploma Enclosed (If your diploma is unavailable to copy, please go to www.degreeverify.com and include the info with your application.)