Industry Partner Application

DSID joins in partnership with companies and individuals who work in fields related to interior design and who support DSID in promoting the professional practice of interior design.

Instructions

Please complete the application form on the following page and return to:

Dayton Society of Interior Designers

PO Box 750981 Dayton, OH 45475

Your completed application will be reviewed by the DSID Executive Board, and you will be notified by the Membership Coordinator of the results. Please include your check made payable to DSID for your desired partnership level.

Qualifications for Industry Partners are as follows

Any COMPANY or INDIVIDUAL in a field related to interior design who supports the Dayton Society of Interior Designers in promoting the professional practice of Interior Design.

COMPANIES may join at any of three levels. Annual dues will be according to the selected level:

- 1. Platinum (\$1000.00): At this level a \$500.00 scholarship is presented in your company's name to an interior design student. Your company is listed as an Industry Partner on the DSID website with a link to your company's website, and you are permitted use of the DSID logo on your website and promotional materials.
- 2. Gold (\$500.00): Your company is listed as an Industry Partner on the DSID website with a link to your company's website and your company is permitted use of the DSID logo on your website and promotional materials.
- 3. Silver (\$250.00): Your company is listed as an Industry Partner on the DSID website with a link to your company's website and your company is permitted use of the DSID logo on your website and promotional materials.

INDIVIDUALS may join at one level.

- 1. Craftsman (\$125.00): You would be listed as an Industry Partner on the DSID website with a link to your website and you may also use the DSID logo on your website and promotional materials.
- 2. Please fill out your information on the next page and return it and your check to the above address

APPLICATION FORM FOR DSID INDUSTRY PARTNER MEMBERSHIP

Business Name:		
Contact Name:		
Position:		
Address:		
City:	State:	Zip:
Telephone:	Cell:	
Email:		
Website:		
Desired Level of Partnership: _		
Would your company be interes	sted in sponsoring one o	f our scholarships?
Does your company offer a desi	gner discount on produc	ets or services?
If so, please explain:		
By December 1 of each year, due will be mailed to you in Novemb		th a renewal form. (Renewal form
Signature:		
Date:		