



Interior Designers
of Newfoundland
& Labrador

Membership Application

Membership Category: Registered Intern Allied Student

PERSONAL INFORMATION

Applicants Name (Ms. /Mrs. /Mr.): _____

Residential Address: _____

Company Name: _____

Company Address: _____

Type of Practice: _____

Telephone: _____

Telephone: _____

Email: _____

Email: _____

Website: _____

Send Mail to: Business Address Residence Address

Send Email to: Business Address Residence Address

EDUCATION INFORMATION – Please provide official transcripts from institution

Design Education

Other Post Secondary Education

Institute Name: _____

Address: _____

Type Program: _____

Length of Program: _____

Start Date: _____

Completion Date: _____

NCIDQ Certification Number: _____

Date Certified: _____

Please provide copy of official NCIDQ certificate



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WORK EXPERIENCE

Company Name: _____

Address: _____

Position Held: _____

Supervisor: _____

Telephone: _____

Start Date: _____

Type of Business: _____

Finish Date: _____

Duties: _____

Company Name: _____

Address: _____

Position Held: _____

Supervisor: _____

Telephone: _____

Start Date: _____

Type of Business: _____

Finish Date: _____

Duties: _____

Company Name: _____

Address: _____

Position Held: _____

Supervisor: _____

Telephone: _____

Start Date: _____

Type of Business: _____

Finish Date: _____

Duties: _____



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CONSENT AND AUTHORIZATION FOR THE CONSENT, RETENTION AND USE OF INFORMATION

IDNL is committed to protecting the privacy and confidentiality of the personal information of its members and applicants. Application documents and information pertaining to education and work experience in addition to other personal information will be for internal use only.

Applications will be reviewed within 30 days of receipt. Any information that is missing or not submitted could cause delays in the review process. If an application is accepted, a written letter will be issued along with an invoice for the annual membership dues. A list of the annual dues can be found on the IDNL's website. Membership will commence upon receipt of payment of dues and proof of liability insurance.

I, _____ (print name) certify that the above information is complete and correct to the best of my knowledge. If accepted, I agree to abide by the Interior Designers of Newfoundland and Labrador's (IDNL's) Code of Ethics and By-laws. (This information can be found on the IDNL's website.)

I grant permission for the association of Interior Designers of Newfoundland and Labrador (IDNL) to request and obtain information related to my education, current and past employment and any other personal information that is required for the purpose of applying for IDNL membership.

Signature of Applicant: _____

Date: _____

Please Mail Application to:

Interior Designers of Newfoundland Labrador
P.O. Box 13221 Station A
St. John's, NL A1B 4A5

IDNL USE ONLY

Membership: Approved Not Approved

Registrar

Date