

Application

Provide information as it should appear on your membership certificate.
If your mailing address is different, please note it in the space provided.

Name: _____

Title: _____

Employer: _____

Address: _____

City _____ State _____ Zip _____

Country _____

Business Phone _____

Fax _____

E-mail _____

Web Site _____

Mailing Address (if different from above) _____

Citizenship:

Are you a Citizen or permanent resident of: US Canada Mexico?
If you are none of the above, and are a foreign degreed designer residing in North America (US, Canada and Mexico), you qualify for Professional membership during your N.A. residency. Upon leaving N.A., your membership status will convert into International.

If you are a foreign degreed designer residing outside of North America, you qualify for International membership. (See front for a definition of membership types and their rights and privileges.)

Education:

If you need more space, please use an attached page.

School, Undergraduate Degree, Date and Major _____

School, Graduate Degree, Date and Major _____

Membership Type:

Dues include national and chapter dues for the first year; future dues will be billed on the anniversary date of your membership. Select the appropriate membership type.

Professional Member (Members in US, Canada and Mexico):

Professional Members: _____ \$375 *

Affiliate Member: _____ \$375 *

International Member: _____ \$375

Young Professionals:

2nd, 3rd, 4th and 5th years after graduation: _____ \$250*

1st year after graduation: _____ \$125*

*Dues includes chapter dues plus subscription to Innovation.

Type of Employer:

If you are both an educator and a practicing designer, place a "1" beside your primary function and note where you teach.

- Independent Consulting Firm
 In-house Office of a Manufacturing Company
 Educational Institution

I teach at:

-

Head of Office

Dues and Payment Information

Please mail this signed application to IDSA with your dues payment. If you are paying with a credit card, you may fax the application and charge information to 703.787.8501.

A check is enclosed (Checks must be in US funds and drawn on a US bank.)
Please charge my: American Express MasterCard Visa

Account # _____

Expiration Date _____

Signature _____

Security Code # on Credit Card _____

Design Specialties:

Provide two specialties you want noted in IDSA's *Directory of Industrial Designers*.

Specialty 1 _____

Specialty 2 _____

Professional Interest Section Membership:

Please sign me up for membership in—(list as many as you want)

- | | |
|--|---|
| <input type="checkbox"/> Communicative Environment | <input type="checkbox"/> Housewares |
| <input type="checkbox"/> Consumer Electronics | <input type="checkbox"/> Human Interaction Design |
| <input type="checkbox"/> Design for the Majority | <input type="checkbox"/> Materials & Processes |
| <input type="checkbox"/> Design History | <input type="checkbox"/> Medical Design |
| <input type="checkbox"/> Design Management | <input type="checkbox"/> Product Development |
| <input type="checkbox"/> Design Protection | <input type="checkbox"/> SAGE |
| <input type="checkbox"/> Design Research | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Ecodesign | <input type="checkbox"/> Women in Design |
| <input type="checkbox"/> Furniture | <input type="checkbox"/> Young Professionals |
| <input type="checkbox"/> Diversity | |

How Can IDSA Serve You Best?

- | | |
|--|--|
| <input type="checkbox"/> Professional Development Events | <input type="checkbox"/> Put Me in the Loop |
| <input type="checkbox"/> Career Opportunities | <input type="checkbox"/> Discounts to Awards & Conferences |
| <input type="checkbox"/> Networking Opportunities | <input type="checkbox"/> Support the ID Profession & Education |
| <input type="checkbox"/> Business Contacts | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Volunteer Participation | |

How Did You Hear About IDSA?

- IDSA Member
 IDSA Student Chapter
 IDSA National Event
 IDSA Web Site
 Volunteer Participation

Recruited By: _____

Optional Demographics:

IDSA advocates equal opportunity in employment and in access to opportunities. The following optional information will help IDSA better understand and serve the needs of members and the profession.

- Female Male
 African American
 Asian
 Caucasian
 Hispanic
 Native American
 Other:

Date of Birth: _____

Special Needs

Application Certification:

I certify that the above information is accurate and complete, and that I agree to abide by the Society's Certificate of Incorporation, Bylaws and applicable policies and procedures including the Society's Code of Ethics.

Signature _____

Date _____

Return application to:

IDSA, 45195 Business Court, Suite 250, Dulles, VA 20166-6717
P: 703.707.6000 F: 703.787.8501