

## American Society of Interior Designers Membership Application

### Personal Information

FIRST NAME	MIDDLE INITIAL	LAST NAME	
COMPANY NAME			
PREFERRED ADDRESS (HOME/OFFICE)	CITY	STATE	ZIP
PREFERRED PHONE (HOME/OFFICE/MOBILE)	<input type="checkbox"/> MOBILE PHONE (YES, OPT ME IN TO RECEIVE ASID COMMUNICATION VIA TEXT)		
PREFERRED EMAIL	TWITTER HANDLE	DOB	

### Choose Your Membership Category

Please visit [www.asid.org](http://www.asid.org) for complete listing of qualifications for each category.

#### I am a practicing Interior Designer.

<input type="checkbox"/> Professional	Annual Dues: \$485.00	Monthly Installment: \$43.00	One-time Application Fee: \$100.00
<input type="checkbox"/> Allied			
<input type="checkbox"/> Associate			
<input type="checkbox"/> Architect			

NCIDQ #	NCARB#
---------	--------

#### I am an Interior design Student.

Student	<input type="checkbox"/> Student Annual Dues: \$50.00	Monthly Installment: N/A	One-time Application Fee: N/A
	<input type="checkbox"/> Student 2 Year Dues: \$95.00		
	<input type="checkbox"/> Student 3 Year Dues: \$135.00		
	<input type="checkbox"/> Student 4 Year Dues: \$170.00		

SCHOOL	EXPECTED GRAD DATE:	DEGREE:
--------	---------------------	---------

#### I am an Interior Design educator.

<input type="checkbox"/> Professional Educator	Annual Dues: \$150.00	Monthly Installment: N/A	One-time Application Fee: \$100.00
<input type="checkbox"/> Allied Educator			
<input type="checkbox"/> Educator Partner			

### Payment Information

CHECK    VISA    MASTERCARD    AMERICAN EXPRESS   PROMOTION CODE \_\_\_\_\_

CARD NUMBER	EXPIRATION DATE	CW
-------------	-----------------	----

NAME AS IT APPEARS ON CARD	CARDHOLDER SIGNATURE
----------------------------	----------------------

CARDHOLDER PHONE NUMBER \_\_\_\_\_

## Payment Information

Payment must be included for the application fee, annual dues, and mandatory legislative assessment at time of application. Annual dues for membership cover the cost of membership in both the national Society and local professional chapter of the member's choice. Membership services begin upon acceptance into the Society and when dues payment has been processed. Application fee and membership dues and fees are non-refundable and must be paid in U.S. currency. Membership dues are renewed on an anniversary year timeline. Refund or cancellation requests must be made in writing within 30 days of processing payment to [membership@asid.org](mailto:membership@asid.org).

## Tax Information

ASID dues are not deductible as a charitable contribution for federal tax purposes, but a portion may be deducted as a business expense. The portion of dues that is not tax-deductible is 6 percent. It is estimated that the ASID professional chapters use 6 percent of their allotted dues on lobbying activities. Please note: No lobbying fees are deducted from Student or any IP membership. ASID encourages all members to report this information to their tax preparer.

## Installment Billing

Cardholder understands and agrees that by opting into installment billing his/her card will be charged on a monthly basis and will automatically renew on membership anniversary date. This monthly charge includes a \$35 processing fee. Renewal will be at current membership type associated with account and at the rate determined for that calendar year. The one-time application fee is charged in full. The mandatory legislative fee is charged in full annually on the first month of each membership cycle. Installment dues are not refundable for the first 12 months of membership.

## Statement of Membership

By signing below, I hereby apply for membership in the American Society of Interior Designers. I certify that I meet the qualifications of the selected membership category. I attest to the accuracy of the information given in this application and am prepared to verify as needed. I agree to abide by the Society's bylaws and Code of Ethics, support its objectives, pay the established dues and fees, fulfill any mandatory continuing education requirements, and work toward maintaining and enhancing the prestige of the interior design profession.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

ASID collects personal and professional demographic information to better serve you, the member. Individual members' personal demographic information is not distributed or disseminated.

### Design Specialty

Choose all that apply.

- Residential – single family
- Residential – multihousing
- Office/Branded Environments
- Healthcare
- Hospitality
- Education
- Government/Institution
- Retail
- Facility Management
- I am primarily an instructor or professor.
- I am primarily a student.
- Other \_\_\_\_\_

What year did you start practicing?  
\_\_\_\_\_

### Areas of Interest

- Professional Development
- Government Affairs/Public Policy
- Hiring
- Business Development/Marketing
- Job Seeking
- Healthcare
- Online Learning

### Career Stage

- Student
- Entry Level
- Mid-Career
- Senior Level
- Entrepreneur/Self-Employed
- Principal, Partner, or Owner of a firm with more than two designers
- Other \_\_\_\_\_

### Accreditations

- AAHID
- CAPS
- CID/RID
- LEED AP
- NCARD/ARE
- NCIDQ
- NKBA
- WELL AP
- Other \_\_\_\_\_

### Personal Demographics

Gender \_\_\_\_\_  
Race/Ethnicity \_\_\_\_\_  
Did you:  
 start your career in interior design?  
 make a career change?  
Graduation Date \_\_\_\_\_



FOR MORE INFORMATION:  
ATTN: Customer Service  
1152 15th St. NW, Suite 910  
Washington, D.C. 20005

Customer Service Direct Line: 202-675-4456  
ASID General Number: 202-546-3480  
E: [membership@asid.org](mailto:membership@asid.org)  
F: 202-546-3240