

American Society of Interior Designers Industry Partner Membership Application

Company Information

The contact information provided may be used for directories and to deliver member benefits.

COMPANY NAME

MAIN REPRESENTATIVE INFORMATION: FIRST NAME

MIDDLE INITIAL

LAST NAME

(THE MAIN REPRESENTATIVE IS THE CONTACT PERSON AT YOUR COMPANY WHO WILL MANAGE THE ASID INDUSTRY PARTNER MEMBERSHIP.)

ADDRESS

CITY

STATE

ZIP

PHONE (HOME/OFFICE)

PHONE (MOBILE)

EMAIL

COMPANY WEB ADDRESS

CHAPTER *(WILL BE ASSIGNED AUTOMATICALLY BY ZIP CODE UNLESS OTHERWISE NOTED. NOT APPLICABLE TO INTERNATIONAL PARTNER MEMBERSHIPS.)*

Choose Your Membership Category

Please visit www.asid.org for complete listing of qualifications for each category.

	Annual Dues	Application Fee	Number of representatives	Maximum number of additional representatives* Or Chapters that can be added for \$200 Each
<input type="checkbox"/> Corporate	\$15,000 or \$8,000 with additional partnership	–	Unlimited (no chapter designation)	Unlimited (no chapter designation)
<input type="checkbox"/> National	\$8,300	–	49	Unlimited
<input type="checkbox"/> International	\$1,250	–	2	15
<input type="checkbox"/> Regional	\$1,000	\$50	2	15
<input type="checkbox"/> Local	\$535*	\$100	1	Only one chapter may be added for an additional \$200. No additional representatives can be added.

*An installment payment plan of \$48.33/month is available for Local Industry Partners only.

Additional Representatives

Corporate, National and Regional Industry Partner membership, please attach to this application a list of additional representatives from your company with complete contact information (name, phone, postal, email, chapter designation).

Payment Information

CHECK VISA MASTERCARD AMERICAN EXPRESS

PROMOTIONAL CODE

CARD NUMBER

EXPIRATION DATE

CW

NAME AS IT APPEARS ON CARD

CARDHOLDER SIGNATURE

CARDHOLDER PHONE NUMBER

ANNUAL RECURRING BILLING

Payment Information

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, reinstatement 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. ASID will automatically back charge any outstanding

monthly invoices. Annual recurring dues will be charged in full on the anniversary date of the membership. Any fees incurred by the member when processing are the sole responsibility of the member. Cancellations will be considered on a case-by-case basis, requests must be made in writing within 30 days of processing payment to membership@asid.org.

Always refer to the ASID website for the most up-to-date policies.

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 \$45 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 or reinstatement 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. Cancellation requests will be considered on a case-by-case basis, requests must be made in writing 30 days in advance of the next installment payment to membership@asid.org.

Statement of Membership

I hereby apply for membership in the American Society of Interior Designers. I attest that I have read the qualifications and that I meet

the requirements of the selected membership category to which I am applying. I understand that ASID reserves the right to audit my qualifications for membership at any time. I agree to provide documentation of my qualifications, which may include, but is not limited to, transcripts, work experience forms, proof of accreditation, and proof of employment upon request from ASID. I understand that failure to produce this documentation can result in the immediate rejection of my application and/or termination of ASID membership. I agree to abide by the Society's bylaws and Code of Ethics, support its objectives, pay the established dues and fees, and fulfill any mandatory continuing education requirements. I understand that ASID reserves the right to share relevant contact information with educational institutions, nonprofits, industry partners, and other organizations for verification and marketing purposes. I attest that the information provided in this statement is accurate, true, and complete. I understand that any misstatement of information provided in this application is a violation of the ASID Code of Ethics and may result in immediate rejection of my application and/or termination of ASID membership.

Audit Acknowledgement

I understand that ASID reserves the right to audit my qualifications for membership. This would require me to provide documentation of my qualifications, which may include, but is not limited to, transcripts, work experience forms, proof of accreditation, and proof of employment. I understand that failure to produce this documentation can result in termination of ASID membership.

SIGNATURE _____

DATE _____

Describe Your Business

Using not more than 120 characters, describe your business. Your tagline should identify your company to designers so they will be able to easily tell what products/services you provide. _____

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
- Multihousing
- Office/Branded Environments
- Healthcare
- Hospitality
- Education
- Government/Institution
- Retail
- Other _____

What year did you start practicing?

Personal Demographics

DOB _____

Gender _____

Race/Ethnicity _____

Did you:

- Start your career in interior design?
- Make a career change?

Graduation Date _____

Principal Products and/or Services Provided

Please indicate the principal products and or services provided by your company. Check all that apply.

- Appliances
- Art/Accessories/Décor
- AV/Audio/Electronics
- Cabinetry/Millwork
- Doors/Windows/Building
- Materials/Flooring/Carpet/Rugs
- Furniture/Upholstery/Casegoods
- Lighting

- Linens/Bedding/Softgoods
- Outdoor
- Paint
- Plumbing/Fixtures/Hardware
- Textiles
- Tile/Stone/Surfaces
- Wall coverings
- Window Coverings/Draperies/Hardware
- Technology/Software/Web Services
- Other _____

Sponsorship Opportunities

- Yes, I am interested in national advertising and sponsorship opportunities

*Required



To Send a Check:

ATTN: Customer Service
PO Box 224023
Chantilly, VA 20153-4023

Customer Service Direct Line: 202-675-4456

ASID General Phone Number: 202-546-3480

Fax Line: 202-546-3240 | membership@asid.org