

American Society of Interior Designers Membership Application

Personal Information

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

FIRST NAME	MIDDLE INITIAL	LAST NAME
COMPANY NAME		
ADDRESS (HOME/OFFICE)	CITY	STATE ZIP
PHONE (HOME/OFFICE)	PHONE (MOBILE)	
EMAIL		
COMPANY WEB ADDRESS	CHAPTER (WILL BE ASSIGNED AUTOMATICALLY BY ZIP CODE UNLESS OTHERWISE NOTED.)	

Choose Your Membership Category

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

I am a practicing Interior Designer.			
<input type="checkbox"/> Professional	<input type="checkbox"/> Annual Dues: \$515.00	<input type="checkbox"/> Monthly Installment: \$44.58	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.			
<input type="checkbox"/> Student	<input type="checkbox"/> Student Dues: \$0.00	<input type="checkbox"/> Monthly Installment: N/A	<input type="checkbox"/> One-time Application Fee: \$85.00

SCHOOL	*EXPECTED GRAD DATE (REQUIRED)	DEGREE	
I am an Interior Design Educator.			
<input type="checkbox"/> Professional Educator	<input type="checkbox"/> Annual Dues: \$160.00	<input type="checkbox"/> Monthly Installment: N/A	<input type="checkbox"/> One-time Application Fee: \$100.00
<input type="checkbox"/> Allied Educator			
<input type="checkbox"/> Educator Partner			

I am an Interior Design Supporter.			
<input type="checkbox"/> Supporter	<input type="checkbox"/> Annual Dues: <input type="checkbox"/> \$200 with no chapter affiliation <input type="checkbox"/> \$400 with one chapter affiliation	<input type="checkbox"/> Monthly Installment: N/A	<input type="checkbox"/> One-time Application Fee: \$50.00

Payment Information

<input type="checkbox"/> CHECK	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> AMERICAN EXPRESS	PROMOTION CODE
CARD NUMBER	EXPIRATION DATE	CVV		
NAME AS IT APPEARS ON CARD	CARDHOLDER SIGNATURE			
CARDHOLDER PHONE NUMBER				
<input type="checkbox"/> ANNUAL RECURRING BILLING				

*Required. Membership will not be activated without this information.

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 unless otherwise noted. 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 _____

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
- ☐ Facility Management
- ☐ I am primarily an instructor or professor.
- ☐ I am primarily a student.
- ☐ Other _____

What year did you start practicing?

Accreditations

- ☐ AAHID
- ☐ CAPS
- ☐ CID/RID
- ☐ LEED AP
- ☐ NCARB/ARE
- ☐ NCIDQ
- ☐ NKBA
- ☐ WELL AP
- ☐ Other _____

Personal Demographics

DOB _____
Gender _____
Race/Ethnicity _____
Did you:
☐ Start your career in interior design?
☐ Make a career change?
Graduation Date _____

Job Title

- ☐ Principal/Owner
- ☐ Senior Designer
- ☐ Designer
- ☐ Project Manager
- ☐ Facility Manager
- ☐ Educator
- ☐ Sales/Business Development
- ☐ Other _____



FOR MORE INFORMATION:

ATTN: Customer Service
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Washington, D.C. 20005

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