

American Society of Interior Designers Graduating Student Advancement Application

Personal Information				
FIRST NAME	MIDDLE INITIAL	LAST NAM	LAST NAME	
COMPANY NAME				
PREFERRED ADDRESS (HOME/OFFICE)	CITY	STATE	ZIP	
PREFERRED PHONE (HOME/OFFICE/MOBILE)	☐ MOBILE PHONE (YES, OPT ME IN TO RECEIVE ASID COMMUNICATION VIA TEXT)			
PREFERRED EMAIL	TWITTER HANDLE		DOB	
Choose Your Membership Categorelese visit www.asid.org for complete	=	ch category.		
☐ Graduating Student	☐ Year 1 Annual Dues:	\$85.00		
	,			
SCHOOL	GRADUATION DATE			
DEGREE	IDCEC #			
Payment Information				
	MERICAN EXPRESS			
PROMOTION CODE				
CARD NUMBER	EXPIRATION DATE		CVV	
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.

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.

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	Areas of Interest	Accreditations
Choose all that apply.	☐ Professional Development	□ AAHID
□ Residential – single family □ Residential – multihousing □ Office/Branded Environments □ Healthcare □ Hospitality □ Education □ Government/Institution	Government Affairs/Public Policy Hiring Business Development/Marketing Job Seeking Healthcare Online Learning Career Stage Student Entry Level Mid-Career	☐ CAPS ☐ CID/RID ☐ LEED AP ☐ NCARD/ARE ☐ NCIDQ ☐ NKBA ☐ WELL AP
Retail Facility Management I am primarily an instructor		□ Other Personal Demographics Gender
or professor.	☐ Senior Level	Race/Ethnicity
☐ I am primarily a student. ☐ Other	☐ Entrepreneur/Self-Employed☐ Principal, Partner, or Owner of a	Did you: ☐ start your career in interior design?
What year did you start practicing?	firm with more than two designers ☐ Other	☐ make a career change? Graduation Date



E: membership@asid.org F: 202-546-3240