



Dayton Society of



P O Box 750981  
Dayton, OH 45475

## Professional Membership Application

Instructions: Please complete the following and return to:

Dayton Society of Interior Designers  
P O Box 750981  
Dayton, OH 45475

Your completed application will be reviewed by the Executive Board and you will be notified by our Membership Coordinator of the results. Please include your check for \$35.00 made payable to DSID, along with a copy of your diploma. (Annual dues are \$35.00 per member per firm)

### Qualifications for Professional Membership are as follows:

An owner of a professional retail Interior Design business or staff member meeting the following qualifications:

- Any individual who has passed the NCIDQ (National Council for Interior Design Qualification)
- Any individual with a four to five year degree in Interior Design
- Any individual with a two-year associate degree from an accredited Interior Design program followed with three full years full time design practice
- Any individual providing documentation of five (5) years of full time Interior Design practice offering a complete Interior Design service

Applicant must have two (2) recommendations from current professional members of DSID

Name: (Mr/Mrs/Miss/Ms) \_\_\_\_\_ D.O.B. \_\_\_\_\_

Firm Name: \_\_\_\_\_ Date Employed: \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Firm Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

Web Site Address: \_\_\_\_\_

Residence Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Please indicate where you would like mailings sent: Firm Address or Residence Address** (Circle one)

**EDUCATION:**

High School: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Year Graduated: \_\_\_\_\_

College: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Highest Degree Earned: \_\_\_\_\_ Date: \_\_\_\_\_  
M/YY

Highest Degree Earned: \_\_\_\_\_ Date: \_\_\_\_\_  
M/YY

Other: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**PREVIOUS EMPLOYMENT:**

Firm Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Firm Address: \_\_\_\_\_

Firm's Phone \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ Full time or Part time  
(CIRCLE ONE)

Firm Name: \_\_\_\_\_ Position Held: \_\_\_\_\_

Firm Address: \_\_\_\_\_

Firm's Phone \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ Full time or Part time  
(CIRCLE ONE)

*If necessary, use additional space on the back of this page.*

Are you a member of any professional design associations? \_\_\_\_\_

If so, please list: \_\_\_\_\_

Please list your referral members below:

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I submit this application with a check for the current year's dues. If this application is denied, I understand my check will be returned. I further understand membership fees are due December 31<sup>st</sup> of each year and must be submitted with a renewal form. (Renewal Forms will be mailed to you in November)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Effective 1/11

\_\_\_\_\_ *Check Enclosed*

\_\_\_\_\_ *Copy of Diploma Enclosed (If your diploma is unavailable to copy, please go to [www.degreeverify.com](http://www.degreeverify.com) and include the info with your application.*