

American Society of Interior Designers Graduating Student Advancement 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			
CHAPTER			

Choose Your Membership Category

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

Advance to Allied Year 1 Annual Dues: \$90.00

SCHOOL	GRADUATION DATE
DEGREE	

Payment Information

CHECK VISA MASTERCARD AMERICAN EXPRESS

PROMOTION CODE		
CARD NUMBER	EXPIRATION DATE	CWV
NAME AS IT APPEARS ON CARD	CARDHOLDER SIGNATURE	
CARDHOLDER PHONE NUMBER		
<input type="checkbox"/> 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.

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 Acknowledgment

I understand that ASID reserve 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
1152 15th St. NW, Suite 910
Washington, D.C. 20005

Customer Service Direct Line: 202-675-4456
ASID General Phone Number: 202-546-3480
Fax Line: 202-546-3240 | membership@asid.org