

MEMBERSHIP APPLICATION



Bermuda Society of Interior Designers

MEMBERSHIP CATEGORY:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

PROFESSIONAL
ASSOCIATE
STUDENT

Applicants for Professional Membership must provide verification of completion of the NCIDQ examination or equivalent.

NAME: _____

Home Phone

Home Address: _____

FIRM NAME: _____

Address: _____

Position: _____

Bus. Phone

Fax:

e-mail:

Date:

Preferred Mailing Address:

<input type="checkbox"/>
<input type="checkbox"/>

Business

Residence

Member of any other Professional organizations [please list & at what membership level]:

EDUCATION:

College/ University: _____

Address: _____

From M/Y-M/Y

Graduation:

Degree Received: _____