



THIS SPACE FOR IDNS USE ONLY

Membership: Approved Not Approved

Registrar _____

Membership Director _____

Date _____

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Application Received:

Date: _____

Application Fee Received:

- Yes
- No

NS Residence

- Yes
- No (Provide Explanation)

Experience

Number of years of full time qualifying experience or competency hours required for _____ membership category is: _____

Applicant's years of experience or competency hours are: _____

- Employment Confirmed

Education

Meets IDNS Criteria

- Yes
- No (Provide Explanation)

- CIDA Accreditation Confirmed

MEMBERSHIP CATEGORY: *(Refer to IDNS Regulations for the qualifications for each category)*

- Registered
- Intern
- Allied
- Non-Resident Registered
- Student

Applicant Name: _____ Email: _____

Home Address: _____

City: _____ Province: _____ Postal Code: _____ Phone: _____

CURRENT EMPLOYMENT:

Company Name: _____ Full/Part Time: _____ Start Date: _____

Address: _____

City: _____ Province: _____ Postal Code: _____ Phone: _____

Current Position & Duties: _____

Employment Reference: _____ Email: _____ Phone: _____

EDUCATION: *(For Membership approval, the Association requires official transcripts of education records)*

Institution Name: _____ Program: _____

Address: _____

of Years Program: _____ Start Date: _____ Grad Date: _____ CIDA Accreditation (circle): Yes / No

Institution Name: _____ Program: _____

Address: _____

of Years Program: _____ Start Date: _____ Grad Date: _____ CIDA Accreditation (circle): Yes / No

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NCIDQ

- Certificate Enclosed
- Certificate Confirmed OR

Eligible to write in: _____

Continuing Education

- Meets IDNS Criteria:
- Yes
 - No

- Transcript Enclosed:
- Yes
 - No

Liability Insurance

- Certificate Provided:
- Yes
 - No (Provide explanation)

Other Memberships:

- Current member in good standing with other provincial association:
- Yes
 - No

- Membership Confirmed

PREVIOUS EMPLOYMENT:

Company Name: _____ Full/Part Time: _____

Address: _____ Start & End Dates: _____

Position & Duties: _____

Employment Reference: _____ Email: _____ Phone: _____

Company Name: _____ Full/Part Time: _____

Address: _____ Start & End Dates: _____

Position & Duties: _____

Employment Reference: _____ Email: _____ Phone: _____

CERTIFICATIONS: *(Please attach copy of certificate)*

NCIDQ Certification #: _____ Date Certified: _____

CONTINUING EDUCATION UNITS: *(Please attach copy of your Interior Design CEU transcript)*

of IDCEC Credits earned for the current reporting cycle: _____ # of Non-IDCEC Credits earned for the current reporting cycle: _____

PROFESSIONAL LIABILITY INSURANCE: *(Registered and Non-Resident Registered Members are required to have liability insurance as outlined in the Regulations. Section 37 & 38. If applicant does not have insurance at the time of application, any acceptance into the association will be pending proof of insurance. Please attach oa copy of Insurance Certificate).*

Insurance Provider: _____ Policy #: _____

Period of Coverage: _____ Contact Information: _____

OTHER MEMBERSHIPS: *(Professional or other Organizations)*

1. _____ Membership Category: _____ Date: _____ Current member: Y / N

2. _____ Membership Category: _____ Date: _____ Current member: Y / N

PROFESSIONAL REFERENCES: *(Preferably Member of IDNS, IDC or NSAA)*

1. _____ Phone: _____ Email: _____

2. _____ Phone: _____ Email: _____

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Application Reviewed:

By: _____

Date: _____

Action:

- Accepted

Membership Category: _____

- Additional Information Required:

- Not Approved:

Registrar:

Name: _____

Date: _____

- Reviewed
- Notification Issued

Have you had any disciplinary action taken against you or had your licence revoked in the last two years? Yes No

Do you have any open complaints / action being taken against you? Yes No

I, _____ *(print your name)*, hereby make application for membership in the Association of Interior Designers of Nova Scotia. If accepted, I agree to abide by the Act, Regulations and By-Laws of this Association and accept any decisions of the Board of Directors.

I hereby grant Association of Interior Designers of Nova Scotia (IDNS) to request and obtain information related to my education, current and past employment and any association membership records and other information that is required for the purposes of applying to IDNS for membership.

I hereby authorize IDNS and its officers, directors, panel members, employees, and agents (the above designated parties) to review my application and determine my eligibility to become a member of IDNS. I authorize the above-designated parties to contact any state/provincial and federal authorities, employers and others to confirm the information contained in my application to become a member of IDNS.

I agree to cooperate promptly and fully in any review of my application; including submitting such documents and information deemed necessary to confirm the information in my application.

I hereby waive all claims against IDNS arising out of my application and my information in the membership application, including (but not limited to) claims arising out of (i) any release of information to state/provincial and federal authorities, licensing boards, employers and others and (ii) any investigation and review of my application.

DATE _____ SIGNATURE _____

Applications will be reviewed within 30 days of receipt of application fee, all required forms and documentation. Any information that is missing or not submitted could cause delays in the review. If an applicant is accepted, a letter will be issued along with an invoice for the annual membership dues. A list of the annual dues can be found on the IDNS website on the membership application page. Membership will commence upon receipt of payment of dues and proof of liability insurance.

If your membership is accepted, please confirm your consent to receive email communications from the Association of Interior Designs of Nova Scotia. These communications from IDNS include email notices of meetings, seminars, social functions and other association related events and issues. By signing the consent, you also agree that IDNS can list your name, address, phone number and email address on their web site under the membership listing.

- Yes, I agree to receive email communications as part of my membership with IDNS.
- No, do not send me any email communications. (Note that meeting notices are only sent via email)

Please list the following information you wish to be listed on the IDNS website under the membership listing (if any), upon acceptance to the Association:

Name: _____

Company Name: _____

Company Address: _____

City: _____ Province: _____ Postal Code: _____ Phone: _____ Fax: _____

Email: _____ Website: _____

Mail Application to:
Interior Designers of Nova Scotia
Attention: Registrar
P.O. Box 2042, Halifax,
Nova Scotia B3J 2Z1
For Inquiries: registrar@idns.ca

- Enclosed:
- Application fee \$35.00 (all categories; non- refundable)
 - Education Transcripts (all categories)
 - Proof of Liability Insurance (Registered & Non Resident Registered Members)
 - NCIDQ Certificate (all categories except student & intern)
 - Continuing Education Transcripts from IDCEC (all categories except student)
 - Other Provincial Association Certificates (all categories if applicable to applicant)