

# IDG MEMBERSHIP APPLICATION

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Name	_____	Business Phone	_____
Business Name	_____	Cell Phone	_____
Business Address	_____	Fax	_____
	_____	E-mail	_____
Home Address	_____	Web Site	_____
	_____		_____
Home Phone	_____		_____

	DESIGN EDUCATION	OTHER COLLEGE/UNIVERSITY
Name of School	_____	_____
City, State	_____	_____
Dates Attended	_____	_____
Major	_____	_____
Degree & Year	_____	_____
Total Years	_____	_____

## EMPLOYMENT HISTORY AND/OR PROFESSIONAL EXPERIENCE

position held	employer name	telephone	dates of employment	no. of years
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

## PROFESSIONAL AFFILIATIONS

ASID   
  NARI   
  CCIDC   
  NKBA   
  AIA   
  ISID   
  Other \_\_\_\_\_

How did you learn about IDG?

One of our members: \_\_\_\_\_  
 Internet  
 Other \_\_\_\_\_

\_\_\_\_\_ Applicant's Signature Date

Return completed application to IDG by fax or e-mail.

- Fax: 408-628-4828
- E-mail: erin@erinrain.com