



**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: idnsregistrar@gmail.com

- 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)