



# ASSOCIATE MEMBERSHIP APPLICATION

YOU CAN ALSO JOIN ONLINE AT [WWW.IFDA.COM](http://WWW.IFDA.COM)

**NOTE: THIS APPLICATION MUST BE COMPLETED IN ITS ENTIRETY. INCOMPLETE APPLICATIONS WILL BE RETURNED WITHOUT PROCESSING.**

Please Select:  Mr.  Ms.  Mrs.

First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

### Associate Member

Open to any graduate of a 2 or 4 year higher education program or a recognized certificate program that applies (for membership) within 1 year of the date of graduation or completion of a recognized certificate program.

**Membership in IFDA is retained by the individual approved for membership and is non-transferrable.**

### CHAPTER AFFILIATION (Please Select One)

- |   |                                     |                                       |                                     |
|---|-------------------------------------|---------------------------------------|-------------------------------------|
| <input type="radio"/> Arizona               | <input type="radio"/> Georgia       | <input type="radio"/> Member-At-Large | <input type="radio"/> Philadelphia  |
| <input type="radio"/> California - Northern | <input type="radio"/> Illinois      | <input type="radio"/> Minnesota       | <input type="radio"/> Richmond      |
| <input type="radio"/> Carolinas             | <input type="radio"/> International | <input type="radio"/> New England     | <input type="radio"/> Texas         |
| <input type="radio"/> Florida               | <input type="radio"/> Japan         | <input type="radio"/> New York        | <input type="radio"/> Washington DC |

### HOW DID YOU HEAR ABOUT THE IFDA?

- Referred by an IFDA Member  
Member Name \_\_\_\_\_
- Publication \_\_\_\_\_
- Online \_\_\_\_\_
- Event \_\_\_\_\_
- School \_\_\_\_\_
- Other \_\_\_\_\_

### ARE YOU INTERESTED IN? (Please Select All That Apply)

- Growing Your Career
- Growing Your Business
- Education
- Becoming More Involved in the Industry
- Networking
- Other \_\_\_\_\_

Membership and dues are based on a calendar year. (Annual Dues \$150.00)

Yes, I am a graduate of a 2 or 4 year higher education program. Attached is proof of graduation from a 2 or 4 year higher education program.

Name \_\_\_\_\_ Title \_\_\_\_\_

Company \_\_\_\_\_

Preferred Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_ Website \_\_\_\_\_

School Name \_\_\_\_\_ Major \_\_\_\_\_

Degree Earned \_\_\_\_\_ Date of Graduation (mo/date/yr) \_\_\_\_\_

**NOTE: A COPY OF YOUR TRANSCRIPT DOCUMENTING GRADUATION MUST BE SUBMITTED WITH YOUR APPLICATION FOR CONSIDERATION FOR MEMBERSHIP. TRANSCRIPT CAN BE AN UNOFFICIAL COPY.**

### PAYMENT OF DUES

Check (Payable to IFDA)  Visa  MasterCard  American Express

Yes, I would like to make an additional donation to the IFDA Educational Foundation in the amount of \_\_\_\_\_

Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Charge Amount \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

## **VOLUNTEER OPPORTUNITIES**

The IFDA is a volunteer based organization. If you're interested in getting involved, let us know!

Yes, I am interested in getting involved    Local    International    Wherever there is a need

Yes, I am interested in getting involved in the future \_\_\_\_\_

No, I am not available to volunteer at this time.

---

## **STATEMENT OF APPLICATION / IFDA CODE OF ETHICS**

Members of the International Furnishings and Design Association are expected to conduct themselves honorably so as to maintain the integrity of the Association. To that end, each member shall adhere to following rules of conduct and principles guiding membership behavior:

1. A member shall abide by the bylaws of both the International and Chapter organizations and hold membership in the Association as both a privilege and a responsibility.
2. A member is obligated through personal and professional conduct to uphold and maintain, beyond reproach, the dignity of the Association.
3. The name "International Furnishings and Design Association" may be utilized by the International organization and its affiliated Chapters, who must add the proper Chapter designation to the name, except that an individual may, with written approval of the International Board of Directors, use the name of the association to sponsor or co-sponsor an activity or purpose.
4. A member shall not utilize their position as an officer in the Association, or their membership, to gain purely personal advantage in advertising, merchandising, or promotion. However, a member may and is encouraged, to utilize the initials "IFDA" after their name on business stationary and business announcements.
5. A member shall recognize and respect the professional standards of other IFDA members and shall encourage a high level of cooperation with allied organizations.
6. A member shall sponsor for IFDA membership, only those individuals known to have, and to practice, the highest professional and ethical standards.
7. A member may not use the IFDA Directory as a mailing list for commercial or political purposes, nor permit its use by a non-member for any purpose.
8. A member shall fully and honestly represent his/her qualifications at all times.

Adherence to these principles is the obligation of each member and any violation or misconduct that is detrimental to the best interest of the Organization shall be dealt with as provided in Article III, Section 5, of the Bylaws.

In applying for membership in the International Furnishings and Design Association, I attest to the accuracy of the information provided and my eligibility for the category in which I am applying. I agree to abide by the IFDA Code of Ethics and will maintain and enhance the prestige and integrity of the IFDA.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

---

## **SUBMITTING APPLICATION**

To submit your IFDA Membership Application, please complete both pages in their entirety. The completed application can be sent by mail or fax to:

**IFDA Headquarters**  
610 Freedom Business Center  
Suite 110  
King of Prussia, PA 19406  
Phone: 610-992-0011  
Fax: 610-992-0021