



Association
of Registered
Interior Designers
of Ontario

MAKE SPACE FOR GOOD DESIGN.

Application for Educator Membership

DEFINITION: An Educator Membership may be held by any individual who is not engaged in the practice of Interior Design, but who is actively engaged in the full or part-time teaching and/or directing of interior design programs in colleges or universities recognized by the ARIDO Board of Management. An individual recognized for Educator Membership may use the designation "Educator Member of the Association of Registered Interior Designers of Ontario" or "Educator ARIDO" after his/her name, but may not use any modification of these designations. These designations shall be used only in the direct connection with the name of the individual Educator Member.

I hereby make application for Educator Membership in the Association of Registered Interior Designers of Ontario.
(please print or type)

Surname (Mr/Mrs/Miss/Ms) Given Names

Profession/Occupation

Address City Province Postal Code

() ()
Phone Fax E-mail

Employer Address

City Province Postal Code E-mail

() ()
Phone Fax Website

SEND MAIL TO: Business Address Residence Address SEND E-MAIL TO: Business E-mail Residence E-mail

PERSONAL HISTORY

Nature of Interest in Interior Design associations:

PROFESSIONAL ASSOCIATIONS

List the professional associations of which you are a member, indicating your present membership status and date of initial membership.

Association	Membership Status	Date
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Association	Membership Status	Date
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REFERENCES

Provide three references (members of ARIDO preferred). If references are members of an out-of-province design association, please specify.

1) Name	Company				
_____	()	_____			
Address	Phone	Type of Business			
<input type="radio"/> Employer	<input type="radio"/> Colleague	<input type="radio"/> Educator	<input type="radio"/> Practising Designer	<input type="radio"/> ARIDO Member	<input type="radio"/> Other, Specify _____

2) Name	Company				
_____	()	_____			
Address	Phone	Type of Business			
<input type="radio"/> Employer	<input type="radio"/> Colleague	<input type="radio"/> Educator	<input type="radio"/> Practising Designer	<input type="radio"/> ARIDO Member	<input type="radio"/> Other, Specify _____

3) Name	Company				
_____	()	_____			
Address	Phone	Type of Business			
<input type="radio"/> Employer	<input type="radio"/> Colleague	<input type="radio"/> Educator	<input type="radio"/> Practising Designer	<input type="radio"/> ARIDO Member	<input type="radio"/> Other, Specify _____

I certify that the statements made in this application are complete and correct to the best of my knowledge. If accepted, I agree to abide by the Code of Ethics, Standards of Practice and By-Laws of this Association.

CONSENT & AUTHORIZATION FOR THE COLLECTION, RETENTION AND USE OF INFORMATION

I authorize ARIDO to collect and retain the information provided on file for the duration of my membership in ARDO and thereafter as is reasonably required by ARIDO. I agree that ARIDO may use the information for publication in a print and/or online directory of members and in order to communicate with me on an ongoing basis. I agree that ARIDO may provide information to other organizations, with or without consideration, for the purposes of member benefit programs, affinity programs and for industry-related purposes. (REF: ARIDO's Privacy statement, available at www.arido.ca)

Signature _____ Date _____

Please enclose required dues with application. Refer to dues schedule for amount. Applications will not be processed until payment is received. Payment is not processed until application is approved by the ARIDO Board of Management.

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Educator Membership Dues 2010

Prorated Dues (quarterly)

<u>Application Deadline</u>	<u>Payment Period</u>	<u>Dues</u>	<u>GST/HST</u>	<u>Total</u>
December 15, 2009	January 1 - December 31	\$268.00	\$13.40	\$281.40
March 15, 2010	April 1 - December 31	\$201.00	\$10.05	\$211.05
June 15, 2010	July 1 - December 31	\$134.00	\$17.42*	\$151.42
September 15, 2010	Oct 1 - December 31	\$67.00	\$8.71*	\$75.71

*HST applicable commencing July 1, 2010

Cheque (Payable to ARIDO) or Credit Card information must be submitted with Application.

Credit Card Payment

Payment Amount \$ _____ (see above Total column)

VISA
 AMEX
 MASTERCARD
 CHEQUE (attached)

Members Name _____ Member # _____

Card Number _____ Expiry Date _____

Name on Credit Card _____