

Why Join?

When making a decision on whether or not to join a professional Association, one of the first questions you have to ask yourself is “**What’s in it for me (WIIFM)?**” The second question you will ask is “Will it be worth the money?” Read through ARIDO’s handy *WIIFM Checklist*. You’ll soon discover that a membership in ARIDO is *worth more than the membership fee*.

- ✓ Achieve professional recognition through the ARIDO designation and the exclusive use of the title “Interior Designer”
- ✓ Access ARIDO’s referral service; providing referrals to the public on behalf of members offers a great way to expand your client base
- ✓ Access to first-rate continuing education seminars, conferences and lunch ‘n learns; the opportunities to participate in a number and variety of learning opportunities are endless
- ✓ Access to the Member’s Only Section of the ARIDO web site where you will find helpful tools such as the Career Centre
- ✓ Opportunities to network, network, network at ARIDO continuing education, community and social functions
- ✓ Opportunity to attend IIDEX/NeoCon Canada, the largest exposition and conference in Canada for the design and management of interior environments; the trade show created and owned by ARIDO
- ✓ Save money as you take advantage of a variety of discounted programs on a range of insurance products and other products and services useful to today’s busy professional
- ✓ Protection of your right to practice through ARIDO’s continued legislative efforts on issues which affect the industry; ARIDO ensures our member’s position is heard
- ✓ Tonnes of useful information on current events, news and trends through ARIDO’s monthly e-newsletters, *Dimensions* and continuous Web site updates
- ✓ Offers to purchase Association produced industry tools such as a Building Code Applications Manual, Standard Form Contracts, Industry and Salary Surveys
- ✓ Acknowledged as a member of an industry leading Association recognized by the public, the media, educational institutions and the government
- ✓ Opportunities to meet and interact with some of the best and brightest in the industry – most of whom are already members of ARIDO
- ✓ Become involved in the industry and the Association through volunteering on ARIDO committees
- ✓ Access to manufacturers and suppliers who are members of the Association interested in doing business with ARIDO members

If you agree that you could benefit from even half of these programs and services, then ARIDO has passed the WIIFM test and you need to join today! Complete the enclosed application to become a member of the only Association of Interior Designers in Ontario.

Need more information? Contact Pavy Rajagopal, Manager, Membership by phone 416.921.2127 ext. 231 or 800.334.1180 , or email her at membership@arido.ca



Application for Registered Membership

DEFINITION: A Registered Membership may be held by any individual who has provided to the ARIDO Board of Management evidence of successfully completing the National Council for Interior Design Qualification (NCIDQ) examination and has accumulated the total number of years of practical experience and education required. An individual recognized for Registered Membership may use the designation "Registered Interior Designer" or "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 Registered Member.

If you are an Intern Member of ARIDO, please complete section A.

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

SECTION A

Surname		Given Names		Previous Surname	
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

SECTION B

DESIGN EDUCATION

TRANSCRIPTS: An applicant may be required to arrange an official transcript of their interior design courses and grades to be sent by the institution directly to the ARIDO office at 220-6 Adelaide Street East, Toronto, ON M5C 1H6.

1) Institution		Location	
From	to		
Years Attended	Length of Program	% Completed	
<input type="radio"/> Degree	<input type="radio"/> Diploma	<input type="radio"/> Other, Specify _____	
2) Institution		Location	
From	to		
Years Attended	Length of Program	% Completed	
<input type="radio"/> Degree	<input type="radio"/> Diploma	<input type="radio"/> Other, Specify _____	

NCIDIQ CERTIFICATION

Certification Number (Attach copy of certificate)

Date of Certification

----- SECTION C -----

DESIGN EXPERIENCE

Provide a chronological list of positions you have held starting with your present position.

1) Employer _____		Address _____		Phone _____ ()	
From _____	to _____	Position _____	Name of Supervisor _____	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Dates Employed _____		Position _____		Name of Supervisor _____	
2) Employer _____		Address _____		Phone _____ ()	
From _____	to _____	Position _____	Name of Supervisor _____	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Dates Employed _____		Position _____		Name of Supervisor _____	
3) Employer _____		Address _____		Phone _____ ()	
From _____	to _____	Position _____	Name of Supervisor _____	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
Dates Employed _____		Position _____		Name of Supervisor _____	

Current Employment Status: Salaried Employee Contract Employee Self-employed Principal/Partner Other _____

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 _____		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 _____		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 _____		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 _____

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 _____
Association _____	Membership Status _____	Date _____

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, transcripts, completed liability insurance application and/or proof of insurance is received. Payment is not processed until application is approved by the ARIDO Board of Management.

MAKE SPACE FOR GOOD DESIGN.

Registered 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	\$625.00	\$31.25	\$656.25
March 15, 2010	April 1 - December 31	\$468.75	\$23.43	\$492.18
June 15, 2010	July 1 - December 31	\$312.50	\$40.63*	\$353.13
September 15, 2010	Oct 1 - December 31	\$156.25	\$20.31*	\$176.56

*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

INTERIOR DESIGNERS OF CANADA LIABILITY INSURANCE PROGRAM

PROOF OF INSURANCE FORM

IMMEDIATE ACTION REQUIRED!

Name: _____

Association Membership _____ Member #: (if applicable) _____

Complete Mailing Address _____

City, Province & Postal Code _____

Telephone Number & E-mail _____

OPTION A

I am covered by my employer and do not provide interior design services outside of my employment

Employer's Name

Insurance Company Name (Broker & Insurer) & Policy #

Policy Effective and Expiry Date

OPTION B

I currently have insurance through another company

Insurance Company Name (not Broker) & Policy #

Policy Effective and Expiry Date

OPTION C

I have applied to my Association for a waiver of insurance under its terms and conditions

The above noted information is truthful and accurate to the best of my knowledge

Signed _____ Date _____

Please return this form via mail or fax to the ARIDO office at 220-6 Adelaide Street East, Toronto, ON. M5C 1H6
Fax – (416) 921-3660

Checklist for Applying for Registered Membership

Please submit the following:

- ❑ Completed Registered application form;
- ❑ Completed Proof of insurance form (clearly indicating effective & expiry dates with day, month AND year + policy number);
- ❑ Membership dues payment;
- ❑ Official NCIDQ letter verifying successful completion of exam.*

**Please arrange with NCIDQ to have them mail an original verification letter directly to ARIDO's office. Photocopies and reproductions of the letter will not be accepted.*

Once all relevant documents and payments are received at the ARIDO office, your application will go under review at the next available Membership Committee meeting. If you have any questions regarding membership, please contact:

ARIDO
6 Adelaide Street East, Suite 220
Toronto, ON M5C 1H6
Tel: (416) 921-2127 ext. 231
Fax: (416) 921-3660
E-mail: membership@arido.ca
www.arido.ca