



MAKE SPACE FOR GOOD DESIGN

Application for Student Membership

PLEASE PRINT

Definition: A Student Membership may be held by any individual enrolled in an interior design education program recognized by ARIDO. An individual recognized for Student Membership may use the designation 'Student ARIDO' after his/her name, but may not use any modifications. This designation shall only be used in the direct connection with the name of the individual Student Member.

Mr

Mrs

Ms

Miss

Given Name: _____ Middle Initial: _____

Surname: _____

Address: _____/_____/_____
Apt/Suite Street Number Street Name

City: _____ Postal Code: _____

Province: _____ *Please note: If you reside outside of Ontario, you may be subject to a \$25.00 non-resident fee

Phone () _____ - _____

Cell Phone () _____ - _____

E-mail: _____

(IMPORTANT: All correspondence will be sent by email. Please advise of updates accordingly)

Name of Educational Institution: _____

Length of Program: _____

Anticipated Year of Graduation: _____
YYYY

How did you hear about us?

- ARIDO Website
School Visit - Month/Year ____/____
Tradeshow - Name of Show? _____ Year: _____
Professor/Instructor
Magazine
Other - Specify _____

I hereby make application for Student Membership in the Association of Registered Interior Designers of Ontario. I certify that the statements made in this application are complete and correct. If accepted, I agree to abide by the Code of Ethics, Standards of Practice and By-Laws of the Association.

I authorize ARIDO to collect and retain the information provided on file for the duration of my membership with ARIDO, and thereafter as is reasonable required (Reference: ARIDO's Privacy statement available at www.arido.ca)

Signature: _____

Date: ____/____/____
MM DD YYYY

Send completed form to adminoffice@arido.ca, or by fax to 416.921.3660