

IDI Membership Application · Part I

Please complete and sign this form, front and back, and submit it together with a cheque for your membership subscription. Your subscription covers the calendar year in which you become a member. Please refer to our Code of Professional Practice, observance of which is a requirement of membership. Our Code of Practice is available, together with other relevant information, in our booklet 'Application for Membership' and at www.idi-design.com.

Membership category *Select one category only*

- | | |
|---|--|
| <input type="checkbox"/> Education* | <input type="checkbox"/> Product and Industrial Design |
| <input type="checkbox"/> Design Management | <input type="checkbox"/> Theatre, Television & Stage Design |
| <input type="checkbox"/> Visual Communications | <input type="checkbox"/> New Media Design |
| <input type="checkbox"/> Fashion & Textile Design | <input type="checkbox"/> Exhibition & Interior Architecture/Design** |

Notes

* Eligible for discounted membership rate of €175 / STG€116

**Subject to €15 / STG€10 levy for ECIA membership

Class of Membership

- | |
|---|
| <input type="checkbox"/> Member MIDI
€225 / STG€148
<i>See also notes below</i> |
| <input type="checkbox"/> Associate AIDI
€85 / STG€56 |
| <input type="checkbox"/> Retired MIDI
€50 / STG€33 |
| <input type="checkbox"/> Student SIDI
€20 / STG€14 |

Name of candidate

Company name and address

Home address

Telephone

Telephone

Fax

Fax

Email

Email

Address to which IDI mailing should be sent:

- Work Home

Date of birth

Number of years in practice (employed)

Number of years in practice (private)

Office use only

IDI Membership Application · Part II

Details and dates of design education

Details and dates of other academic studies

Academic qualifications and awards* (e.g. BA, BDes, DipArch etc...)

Professional qualifications (e.g. MRIAI, MCSD, FRSA etc...)

Other appointments held and dates of office*

Design Experience* (Please provide details and dates of design projects completed)

*You are encouraged to submit a detailed Curriculum Vitæ.

I wish to become a Member/ Associate of the Institute of Designers in Ireland. If elected, I agree to accept the terms of the Constitution and Code of Conduct for the time being in force, subscribe to the Institute's Declaration, and pay the appropriate annual subscription when called upon.

Signed

Date

Witnessed by IDI Member

Signed

Date

Office use only