



Oregon Chapter  
 7327 SW Barnes Rd, PMB#312  
 Portland, OR, 97225

**APPLICATION FOR:**

**Professional Resource Affiliates**

**TYPE OF MEMBERSHIP:**     **New Member \$275.00**     **Reinstatement**     **Change of Status**

\*There is a non-refundable filing fee of \$50.00 in addition to the above dues which must be paid on application  
**STUDENTS:** this filing fee is waived.

\*\* There is a pro-rated dues chart for applicants who join mid year

*Please print and complete all sections of application*

**NAME:** \_\_\_\_\_ **COMPANY** \_\_\_\_\_

**TYPE OF BUSINESS** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**BUSINESS PHONE:** \_\_\_\_\_ **FAX** \_\_\_\_\_ **CELL** \_\_\_\_\_

**HOME PHONE:** \_\_\_\_\_ **EMAIL ADDRESS** \_\_\_\_\_

**WEB ADDRESS:** http://www. \_\_\_\_\_

**CCB NUMBER IF APPLICABLE:** \_\_\_\_\_

**BUSINESS LICENSE NO.** \_\_\_\_\_ **YEARS IN BUSINESS** \_\_\_\_\_

If less than 3 years in current business, please list previous employer and responsibilities.

\_\_\_\_\_  
 \_\_\_\_\_

**Authorized Company Representative to NWSID. 1.** \_\_\_\_\_ **Position** \_\_\_\_\_

**2.** \_\_\_\_\_ **Position** \_\_\_\_\_

*Copy of business license must accompany application.*

**DESIGNER and/or CUSTOMER REFERENCES:**

Name	Address	Telephone No.	Type of Business

**TRADE and/or INDUSTRY REFERENCES:**

Name	Address	Telephone No.	Type of Business

**Membership in other professional organizations:**     **ASID**     **IIDA**     **AIA**     **NKBA**

**ORA**     **HBA**     **BIA**     **NARI**    **OTHER** \_\_\_\_\_

**\*\* PRO RATE CHART FOR MEMBERSHIP DUES AND FEES**

Pro-rated when application is received by mid-year as outlined below. (Fiscal Year is July 1 – June 30).

**Note:** A Non-Refundable Filing Fee of \$50.00 is due with Application(s).

	<b>Professional Resource Affiliate</b>
<b>January - May</b>	\$200

**MEMBERSHIP DIRECTORY LISTING AND WEB SITE REFERRAL LISTINGS INFORMATION**

**Please check the services that best represent your business. Please select only 3 from the following list (no additions)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Accessories                  | <input type="checkbox"/> Fabric Finishes              | <input type="checkbox"/> Lighting & Lighting Design      |
| <input type="checkbox"/> Antique Appraisals           | <input type="checkbox"/> Fabric Showroom / Rep        | <input type="checkbox"/> Magazine / Publishing           |
| <input type="checkbox"/> Antique Furnishings          | <input type="checkbox"/> Fabricator                   | <input type="checkbox"/> Natural Stone/Ceramic Installer |
| <input type="checkbox"/> Appliances                   | <input type="checkbox"/> Faux Finisher / Muralist     | <input type="checkbox"/> Natural Stone Distributor       |
| <input type="checkbox"/> Art Framer                   | <input type="checkbox"/> Fixtures: Bathroom & Kitchen | <input type="checkbox"/> Paint Supplier Contractor       |
| <input type="checkbox"/> Art Gallery                  | <input type="checkbox"/> Flooring Surfaces            | <input type="checkbox"/> Photography                     |
| <input type="checkbox"/> Artist                       | <input type="checkbox"/> Floral Arrangements          | <input type="checkbox"/> Rugs and/or Rug Appraisal       |
| <input type="checkbox"/> Asian Furnishings            | <input type="checkbox"/> Furniture / Cabinet Finisher | <input type="checkbox"/> Security & Life Safety Systems  |
| <input type="checkbox"/> Audio/Video/Electronics      | <input type="checkbox"/> Furniture Manufacturer       | <input type="checkbox"/> Space/Closet Organizers         |
| <input type="checkbox"/> Beddings                     | <input type="checkbox"/> Furniture Showroom           | <input type="checkbox"/> Tile Showroom / Supplier        |
| <input type="checkbox"/> Cabinet Manufacturer         | <input type="checkbox"/> Furniture Upholstery         | <input type="checkbox"/> Trade Organization              |
| <input type="checkbox"/> Cabinet Supplier             | <input type="checkbox"/> Game Room Equipment          | <input type="checkbox"/> Upholstery Cleaning & Repair    |
| <input type="checkbox"/> Carpet/Rug Cleaning & Repair | <input type="checkbox"/> Garden Accessories           | <input type="checkbox"/> Vacuum Cleaning Systems         |
| <input type="checkbox"/> Carpet Supplier              | <input type="checkbox"/> General Contractor           | <input type="checkbox"/> Wall Coverings                  |
| <input type="checkbox"/> Counter Top Surfaces         | <input type="checkbox"/> Hardware & Plumbing Products | <input type="checkbox"/> Window Coverings                |
| <input type="checkbox"/> Decorative Hardware          | <input type="checkbox"/> Heating & Cooling            | <input type="checkbox"/> Window Tinting                  |
| <input type="checkbox"/> Drapery Hardware             | <input type="checkbox"/> Home Offices                 | <input type="checkbox"/> Woodworking                     |
| <input type="checkbox"/> Drapery Workroom             | <input type="checkbox"/> Hot Tubs and Spas            |  |
| <input type="checkbox"/> Education                    | <input type="checkbox"/> Kitchen Designer / Remodeler |  |
| <input type="checkbox"/> Fabric & Textiles            | <input type="checkbox"/> Landscape / Floral Design    |  |

**NOTE: At this time no additional categories will be added. Please contact Membership to request a new product/service.**

**Please check if your Business is To the Trade Only**



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**PAYMENTS INCLUDED:** \$50.00 Non refundable filing fee   
**AND MEMBER DUES:** Professional Resource Affiliate \$ \_\_\_\_\_

PLEASE MAKE CHECK PAYABLE TO NWSID

If you prefer to pay with a credit card please fill out the following;

I would like to pay with: VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_

CARD NUMBER \_\_\_\_\_ Exp date: \_\_\_\_\_

3 Digit Security Number from back of card \_\_\_\_\_

Print Name as it appears on card: \_\_\_\_\_

Signature: \_\_\_\_\_ DATE \_\_\_\_\_

Credit card billing address \_\_\_\_\_

*I do hereby apply for membership in the Northwest Society of Interior Designers, Southern Chapter. I agree to support the Society, to follow its By-Laws and Code of Ethics, and to do my best to maintain and build the prestige of the profession.*

*I attest to the accuracy of the above information and authorize the Society to confirm any statements made.*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**MAIL TO: Amy Tacke, 15404 NE 12<sup>th</sup> Way, Vancouver, WA 98684. Tel: (503) 348-3307**

FOR OFFICIAL NWSID USE ONLY: Date member introduced: \_\_\_\_\_ New Member Id: \_\_\_\_\_

Date received: \_\_\_\_\_ Received by: \_\_\_\_\_ Check No. \_\_\_\_\_

Credit Card approval date: \_\_\_\_\_ Date Payment cleared: \_\_\_\_\_

Dues: Membership \$ \_\_\_\_\_ Plus Application fee of \$50.00 \_\_\_\_\_ Total \$ \_\_\_\_\_

Ref# \_\_\_\_\_ Approval # \_\_\_\_\_ Approval Date: \_\_\_\_\_

Transcripts  Portfolio  Exam taken (date) \_\_\_\_\_

Approved: 1. 2. 3. 4. 5.

Date Sent to Data Manager \_\_\_\_\_ Date Member Packet Delivered: \_\_\_\_\_