



Name		Institution	
Contact Address		City	
Province		Postal Code	
Cell/Home Phone No.		Email Address	
Postition Title		Program / Department	

Please provide the names of all other professional organizations to which you belong you joined:

Professional Association	Membership Category	Date

Education

Name of School	Date of Graduation	Degree Received

Professional References

Name	Complete Business Address (including city, province & postal code)	Phone No.

I hereby apply for membership in the Professional Interior Designers Institute of Manitoba (PIDIM). I attest to the accuracy of the information given in this application and authorize the Institute to investigate statements made herein. I have read the Institute’s “Concepts of Professional Ethics” and, if accepted as a member, will comply with its provisions. I agree to abide by the Institute’s Bylaws, support its objectives, pay the established dues, and give my best efforts to maintain and enhance the integrity of the Interior Design profession.

I authorize the PIDIM to retain the information provided herein for the duration of my PIDIM membership and thereafter as is reasonably required. I agree that the submitted information may be published by the PIDIM in a print and/or online membership directory and may be used for member correspondence and member benefit programs.

Signature: _____ **Date:** _____