

## MEMBERSHIP INFORMATION

I \_\_\_\_\_ hereby apply for membership with the Professional Interior Designers Institute of Manitoba for the membership year 2025.

By application and submitting payment for my annual dues, I understand, agree, and warrant to comply with the terms, conditions and requirements of PIDIM membership, including maintaining professional liability insurance coverage and to fulfill professional development requirements as applicable.

I hereby acknowledge that any paid membership dues are non-refundable and agree to abide by the conditions and terms set out above, as well as any additional conditions and/or terms as may be determined by the PIDIM Council or Registrar at a later date.

### I am applying for:

**Professional** - \$530.00

**Associate Student** - \$25.00

**Provisional** - \$360.00

**Educator** - \$325.00

**Associate Non-Practicing** - \$200.00

**Emeritus/Fellow** - N/C

**Associate Retired** - \$50.00



# PIDIM MEMBERSHIP FORM

## MEMBERSHIP INFORMATION

Please indicate one preferred address (work or personal) for PIDIM records

**Name**

**Address**

**City**

**Province**

**Postal Code**

Please provide two emails and two phone numbers (PIDIM requests an alternative contact in case Member can not be reached). Please also indicate with a check your preferred contact email for PIDIM correspondence.

**Work Email**

**Work Phone**

**Personal Email**

**Cell Phone**

## EMPLOYMENT INFORMATION

**Company Name**

**Position**

**Company Website**

**Start Date/Year**

### Design Sectors

Corporate

Healthcare/Wellness

Hospitality

Residential

Retail

Public/Institutional

Multi-Family/Seniors Housing

Other



# PIDIM MEMBERSHIP FORM

## PROFESSIONAL LIABILITY INSURANCE

### Choose Type of Insurance

**Option A** – I am covered by the Canada wide Prolink Interior Design Insurance Policy

**Policy #**

**Date Effective**

**Expiry Date**

**Option B** – I am covered by my employer and do not provide interior design services outside of my employment.

**Policy #**

**Insurance Company Name**

**Broker Name**

**Date Effective**

**Expiry Date**



# PIDIM MEMBERSHIP FORM

## PROFESSIONAL LIABILITY INSURANCE

**Option C** – I currently have insurance through another company.

**Policy #**

**Insurance Company Name**

**Broker Name**

**Date Effective**

**Expiry Date**

**Option D** – I currently do not hold insurance for one of the following:

I am currently a non-practicing member of PIDIM.

I am an Educator Member of PIDIM.

I am a retired member of PIDIM.

Other: (someone from PIDIM will be in contact to verify)

I am a student member of PIDIM.

I am currently unemployed.



PROFESSIONAL  
INTERIOR DESIGNERS  
INSTITUTE OF MANITOBA

# PIDIM MEMBERSHIP FORM

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## PROFESSIONAL DEVELOPMENT PROGRAM

Professional and Provisional Members are required to satisfy the continuing education requirements (CEUs) specified by the PIDIM to qualify for annual renewal of their PIDIM membership. The current cycle runs from January 1st, 2025 to December 31st, 2027. **You will be issued an IDCEC account where you can upload your credits.** Transcripts must be submitted to PIDIM by January 1st, 2028.

**I understand the Professional Development requirements**

(Initial Here)

## EMAIL COMMUNICATION CONSENT

Canada's anti-spam legislation ("CASL") came into force on July 1, 2014, mandating that all recipients explicitly consent to receiving communications electronically. Under the CASL, the PIDIM must have your explicit authorization before we can send you important membership and regulatory communication by e-mail. This includes critical membership updates such as your PIDIM membership renewal notice, PD requirement information, AGM dates and election notices, masi Award submission information, MDE notification, and insurance renewal notice for members who have coverage through the national provider amongst other.

Please check I **consent** below to authorize PIDIM to communicate with you by e-mail.

Please check I **do not consent below** if you do not wish PIDIM to communicate with you by e-mail - selecting this option means PIDIM is no longer able to send you email communication on important information such as legislative updates, renewal information etc.

**I consent.**

**I do not consent.**

You can change your preference at any time by contacting the PIDIM Office.

Please note that under the CASL and existing federal and provincial privacy legislation, we undertake to use your personal information, including your e-mail address, for only those purposes to which you have given consent.

PIDIM reserves the right to send messages where permitted by law to do so.



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# PIDIM MEMBERSHIP RENEWAL FORM

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## ONLINE DIRECTORY & WEBSITE PREFERENCES

### For Professional & Provisional Members

The online Membership Directory will display your name, company name, and email address acknowledging your membership in PIDIM.

**Choose one email address you wish to display in the Directory:**

**Work**

**Personal**

**Or I choose to not have my information in the Directory**

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### For Student Members

The online Membership Directory will display your name acknowledging your membership in PIDIM.

**Choose if you wish to have your name displayed in the Directory**

Yes       No



## ONLINE DIRECTORY & WEBSITE PREFERENCES

### For Educator Members

The online Membership Directory will display your name and email address acknowledging your membership in PIDIM.

**Choose if you wish to have your name and email displayed in the Directory**

Yes       No

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### Retired and Associate Non-Practicing Members

A listing of only your name will appear in the Directory acknowledging your membership in PIDIM.

**Choose if you wish to have your name displayed in the Directory**

Yes       No

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**The PIDIM from time to time will take pictures at PIDIM events and publish in emails or on the website. Please choose if you agree to have your photo published on the website at PIDIM events.**

Yes       No

## **PROTECTION OF PERSONAL INFORMATION**

The PIDIM is committed to protecting the privacy and confidentiality of member information. Personal information that we collect is kept confidential to the extent provided by applicable federal or provincial statutes regarding access, use or disclosure of personal information.

### **Collection, retention, and use of personal information**

Any documents, records or other information provided will only be used to support the activities of PIDIM and in relation to your membership with PIDIM. The information about you will be retained for the duration of your membership with PIDIM and thereafter as reasonably required. In some cases, PIDIM may be required by applicable law or regulatory requirements, or by the rules governing the professional regulation, to use or disclose information about you without your knowledge or consent. If you have any questions or concerns about the collection of your personal information, please contact the PIDIM Office at [registrar@pidim.ca](mailto:registrar@pidim.ca) or (204) 925-4625.

### **Release of personal information to third parties**

Release of personal information to third parties

PIDIM will not release any information pertaining to your membership record without your prior consent. You can authorize PIDIM to disclose information and/or records about you to the following designated third parties as it relates to your PIDIM membership. Taking this action is entirely voluntary -you are under no obligation to consent to the release of your information to any third-party.



# PIDIM MEMBERSHIP RENEWAL FORM

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## PROTECTION OF PERSONAL INFORMATION

### Interior Design Continuing Education Council (IDCEC)

IDCEC may collect, use, and disclose your personal information to other third-parties for the purpose of providing technology and services related to professional development reporting

**I authorize PIDIM to release information and/or records pertaining to me to IDCEC:**

Yes       No

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### Prolink – Professional Liability Insurance

Prolink may collect and use your personal information for the purpose of providing services pertaining to professional liability insurance coverage as the designated national program provider.

**I authorize PIDIM to release information and/or records pertaining to me to Prolink**

Yes       No

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**PIDIM cannot assume any responsibility for the privacy practices, policies or actions of the third parties, including how the third-parties may collect, use or disclose your personal information.**



# PIDIM MEMBERSHIP RENEWAL FORM

## OTHER INFO

**Are you interested in a Council position in the future?**

Yes       No       Maybe

**Are you interested in a Committee position in the future?**

<input type="checkbox"/> Continuing Education Committee	<input type="checkbox"/> Events Committee
<input type="checkbox"/> Practice Act Committee	<input type="checkbox"/> Finance Committee
<input type="checkbox"/> Public Relations Committee	<input type="checkbox"/> MDE Committee
<input type="checkbox"/> Professional Development Committee	<input type="checkbox"/> Past Presidents Advisory Committee
<input type="checkbox"/> Tours Committee	



# PIDIM MEMBERSHIP RENEWAL FORM

## CONSENT & AUTHORIZATION FOR THE COLLECTION, RETENTION AND USE OF INFORMATION

- I hereby certify that the statements made in this form are complete and correct.
  
- I authorize the PIDIM to collect, retain and use the documents, records or other information provided for the duration of my membership with the PIDIM and thereafter as reasonably required for the purpose of supporting the activities of the PIDIM or in relation to my membership with the PIDIM. The PIDIM reserves the right to release personal information where permitted or required by applicable law or regulatory requirements, or by the rules governing the professional regulation to do so.

**Signature**

**Date**