

## IALD ASSOCIATE MEMBERSHIP APPLICATION

THANK YOU FOR YOUR INTEREST IN THE INTERNATIONAL ASSOCIATION OF LIGHTING DESIGNERS. THE IALD WAS FOUNDED IN 1969 TO PROVIDE A WORLDWIDE FORUM FOR THE ACCOMPLISHED LIGHTING DESIGNER AS WELL AS FOR THOSE JUST ENTERING THE PROFESSION.

THE VISION OF THE ASSOCIATION IS TO CREATE A BETTER WORLD THROUGH LEADERSHIP AND EXCELLENCE IN LIGHTING DESIGN; TO CULTIVATE THE UNIVERSAL ACKNOWLEDGEMENT AND APPRECIATION OF THE POWER OF LIGHT IN HUMAN LIFE.

IALD'S ONGOING MARKETING AND PUBLIC RELATIONS EFFORTS, ITS ANNUAL INTERNATIONAL LIGHTING DESIGN AWARDS, THE DEVELOPMENT OF EDUCATIONAL CONFERENCES, AND THE IALD COMMITTEES THAT ACTIVELY DEAL WITH ISSUES OF LIGHTING QUALITY, ENERGY CONSERVATION AND BUSINESS STANDARDS ALL WORK TOWARD ACHIEVING THIS MISSION.

### ASSOCIATE MEMBERSHIP

will be open to individuals who devote the majority of their professional time to the design of architectural lighting. A candidate for Associate Membership will have, at the time his/her application is submitted, at least three (3) years of experience in the field of architectural lighting design.

Candidates for **VOTING** Membership will devote the majority of their professional time to the successful design of architectural lighting. A candidate must work individually or through a firm, under contract and fee that pertains separately to lighting as a design medium; or work for other design related firms (i.e. consulting or architectural engineering firms) whose principal business is not lighting design.

A Voting Member will subscribe to the ideals, goals, Vision Statement, Mission Statement and will subscribe to the IALD Code of Ethics and Professional Conduct. **A VOTING MEMBER**, as part of the yearly renewal process will agree to abide by the IALD Code of Ethics and Professional Conduct.

Voting Membership is not available to those employed by firms that manufacture, represent, install and/or distribute lighting or lighting related products.

### ANNUAL DUES: \$160.00 USD + \$20.00 USD NON-REFUNDABLE APPLICATION FEE

It is not necessary to send dues payment at this time. You will be billed after your membership application has been approved.

### ASSOCIATE GRADE APPLICANT CHECKLIST

**The following items are necessary to process your IALD membership. Your application will not be reviewed until all documents have been received by the IALD headquarters office. Please include this checklist with your application.**

- Associate application
- Resume including professional experience/employment history
- Brief profile of your current company/employer
- A recent project list on which you have served as an active designer
- Two letters of professional reference from individuals who are familiar with your work. If possible, please include at least one IALD member.
- \$20.00 USD non-refundable application fee

# IALD ASSOCIATE MEMBERSHIP APPLICATION

## NAME

MR.  MS. FIRST MIDDLE LAST

## MAILING ADDRESS

TO BE USED IN OFFICIAL MEMBERSHIP DIRECTORY AND LISTED ON THE IALD WEBSITE.

PLEASE CHECK THIS BOX IF YOU DO NOT WISH YOUR INFORMATION TO BE PUBLISHED ON THE WEBSITE.

COMPANY/FIRM BUSINESS ADDRESS  RESIDENTIAL ADDRESS

ADDRESS

CITY STATE/PROVINCE

POSTAL CODE COUNTRY

TELEPHONE FAX

EMAIL WEBSITE

NAME OF PERSON TO CONTACT AT YOUR COMPANY (IF NOT SELF-EMPLOYED)

TELEPHONE FAX

NUMBER OF YEARS WORKING AS AN INDEPENDENT ARCHITECTURAL LIGHTING DESIGNER

**SKILLS AND QUALIFICATIONS** | ON A SEPARATE SHEET, SUMMARIZE ANY SPECIAL TRAINING, SKILLS, LICENSES AND/OR CERTIFICATES THAT MAY QUALIFY YOU FOR MEMBERSHIP; LIST SPECIAL ACCOMPLISHMENTS, PUBLICATIONS, AWARDS

PLEASE INDICATE YES OR NO AND EXPLAIN IF NECESSARY

DO YOU WORK FOR A FIRM WHOSE PRINCIPAL BUSINESS IS LIGHTING DESIGN?

YES  NO IF NO, WHAT IS THE PRINCIPAL BUSINESS?

IS THE MAJORITY OF YOUR PROFESSIONAL TIME DEVOTED TO THE DESIGN OF ARCHITECTURAL LIGHTING?

YES  NO IF NO, WHAT IS THE PRINCIPAL BUSINESS?

ARE YOU OR YOUR FIRM COMPENSATED FOR PROFESSIONAL SERVICES IN ANY MANNER OTHER THAN

A. PROFESSIONAL SERVICE FEE | B. BARTER OR TRADE IN LIEU OF PROFESSIONAL SERVICES FEE | C. ROYALTIES (WITH DISCLOSURE TO INTERESTED PARTIES)  YES  NO IF YES, PLEASE EXPLAIN:

**EDUCATIONAL BACKGROUND** | LIST THE COLLEGES/UNIVERSITIES OR DESIGN OR TRADE PROGRAMS ATTENDED

ESTABLISHMENT

DEGREE/DIPLOMA

NO. OF YEARS COMPLETED

MAJOR OR COURSE OF STUDY

ESTABLISHMENT

DEGREE/DIPLOMA

NO. OF YEARS COMPLETED

MAJOR OR COURSE OF STUDY

**PROFESSIONAL EXPERIENCE/EMPLOYMENT HISTORY** | PLEASE PROVIDE A BRIEF SUMMARY OF YOUR EMPLOYMENT HISTORY FOR YOUR CURRENT AND TWO (2) MOST RECENT POSITIONS.

**CURRENT EMPLOYMENT**

EMPLOYER

DATES EMPLOYED

ADDRESS

CITY

STATE/PROVINCE

POSTAL CODE

COUNTRY

TELEPHONE

FAX

EMAIL

WEBSITE

JOB TITLE

PRIMARY RESPONSIBILITIES

**PREVIOUS EMPLOYMENT**

EMPLOYER

DATES EMPLOYED

ADDRESS

CITY

STATE/PROVINCE

POSTAL CODE

COUNTRY

TELEPHONE

FAX

EMAIL

WEBSITE

JOB TITLE

PRIMARY RESPONSIBILITIES

EMPLOYER

DATES EMPLOYED

ADDRESS

CITY

STATE/PROVINCE

POSTAL CODE

COUNTRY

TELEPHONE

FAX

EMAIL

WEBSITE

JOB TITLE

PRIMARY RESPONSIBILITIES

**REFERENCES** | PLEASE LIST TWO (2) BUSINESS/WORK REFERENCES WHO ARE NOT RELATED TO YOU. IF POSSIBLE, PLEASE INCLUDE AT LEAST ONE IALD MEMBER. THE MEMBERSHIP COMMITTEE WILL CONTACT THESE REFERENCES.

NAME	YEARS KNOWN
ADDRESS	
CITY	STATE/PROVINCE
POSTAL CODE	COUNTRY
TELEPHONE	FAX
EMAIL	WEBSITE

NAME	YEARS KNOWN
ADDRESS	
CITY	STATE/PROVINCE
POSTAL CODE	COUNTRY
TELEPHONE	FAX
EMAIL	WEBSITE

**FOR THE APPLICANT**

I DECLARE THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE. I HAVE READ, UNDERSTAND AND WILL ABIDE BY THE CODE OF ETHICS AND PROFESSIONAL STANDARDS. I AGREE THAT MY CURRENT POSITION DOES NOT PRESENT A CONFLICT OF INTEREST AS STATED IN THE CODE OF ETHICS AND PROFESSIONAL STANDARDS.

USE OF THE IALD CORPORATE NAME OR INITIALS:

ASSOCIATE MEMBERS WILL USE THE FOLLOWING SPECIFIC GUIDELINES IN IDENTIFYING THEMSELVES AS MEMBERS OF THE IALD:

<ASSOCIATE MEMBER'S NAME>, ASSOCIATE IALD OR ASSOCIATE MEMBER OF THE INTERNATIONAL ASSOCIATION OF LIGHTING DESIGNERS.

APPLICANT'S SIGNATURE

DATE

**AN APPLICATION FILING FEE OF \$20.00 USD IS DUE WITH THIS APPLICATION.**

TOTAL PAYMENT = \$20.00 USD

CHECK NO.

CREDIT CARD (PLEASE CHECK BOX)  VISA  MASTERCARD  AMERICAN EXPRESS  DISCOVER

CARD NO.

EXPIRY DATE

SIGNATURE

JOB TITLE

**PLEASE RETURN THIS APPLICATION TO:**

MEMBERSHIP CHAIR, INTERNATIONAL ASSOCIATION OF LIGHTING DESIGNERS

THE MERCHANDISE MART, STE 9-104 | CHICAGO, IL 60654 | USA

TEL: +1 312 527 3677 | FAX: +1 312 527 3680 | EMAIL: iald@iald.org | www.iald.org

**FOR OFFICE USE ONLY**

DATE OF APPLICATION RECEIPT \_\_\_\_\_

APPROVAL DECISION \_\_\_\_\_

DECISION LETTER SENT

NOTES: \_\_\_\_\_

DATE OF COMMITTEE DECISION \_\_\_\_\_

DUES PAYMENT RECEIVED