

IALD EDUCATOR 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.

EDUCATOR MEMBERSHIP

will be open to an educator who devotes the majority of his or her professional time to the teaching of lighting and/or related subjects.

An Educator Member will abide by the IALD Vision Statement, Mission Statement and The Guidelines for Specification Integrity.

An Educator Member will be a **NON-VOTING MEMBER** of the Association. Non-voting members cannot vote on matters pertaining to the Association.

**ANNUAL DUES: \$60.00 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.

EDUCATOR 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.

- An IALD application
- A resume including professional experience/employment history and educational background
- Description of courses taught
- \$20.00 USD non-refundable application fee

IALD EDUCATOR 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.

INSTITUTION/UNIVERSITY _____

STREET _____

CITY STATE/PROVINCE _____

POSTAL CODE COUNTRY _____

TELEPHONE FAX _____

EMAIL WEBSITE _____

WHAT ARE YOUR PRIMARY JOB RESPONSIBILITIES?

FOR THE APPLICANT

I DECLARE THAT THE ABOVE INFORMATION IS ACCURATE AND COMPLETE. I SUBSCRIBE TO THE IDEALS, GOALS AND MISSION STATEMENT OF THE IALD.

USE OF THE IALD CORPORATE NAME OR INITIALS:

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

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

APPLICANT'S SIGNATURE _____

DATE _____

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