

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 + \$30.00 USD NON-REFUNDABLE APPLICATION FEE

It is not necessary to send your 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.
- \$30.00 USD non-refundable application fee

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

WEB SITE

JOB TITLE

PRIMARY RESPONSIBILITIES

PREVIOUS EMPLOYMENT

EMPLOYER

DATES EMPLOYED

ADDRESS

CITY

STATE/PROVINCE

POSTAL CODE

COUNTRY

TELEPHONE

FAX

EMAIL

WEB SITE

JOB TITLE

PRIMARY RESPONSIBILITIES

EMPLOYER

DATES EMPLOYED

ADDRESS

CITY

STATE/PROVINCE

POSTAL CODE

COUNTRY

TELEPHONE

FAX

EMAIL

WEB SITE

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	WEB SITE

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

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 \$30.00 USD IS DUE WITH THIS APPLICATION.

TOTAL PAYMENT = \$30.00 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

440 N WELLS STREET, SUITE 210 | 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