

IALD DESIGN 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.

DESIGN MEMBERSHIP

will be open to all lighting designers new to the profession, recent college graduates and those who have less than three (3) years of experience in the industry.

A Design Member will abide by the IALD Vision Statement, Mission Statement and the Guidelines for Specification Integrity.

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

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

**ANNUAL DUES: \$75.00 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.

DESIGN MEMBER 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.

- IALD application
- Resume including professional experience/employment history
- Brief profile of your current company/employer
- Two business/work references who are not related to you.
- \$30.00 USD non-refundable application fee

IALD DESIGN MEMBERSHIP APPLICATION

NAME

<input type="checkbox"/> MR.	FIRST	MIDDLE	LAST
<input type="checkbox"/> MS.			

MAILING ADDRESS

TO BE USED IN OFFICIAL MEMBERSHIP DIRECTORY AND LISTED ON THE IALD WEB SITE

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

COMPANY/FIRM

STREET

CITY

STATE/PROVINCE

POSTAL CODE

COUNTRY

TELEPHONE

FAX

EMAIL

WEB SITE

WHAT ARE YOUR PRIMARY JOB RESPONSIBILITIES?

PLEASE PROVIDE A BRIEF SUMMARY OF YOUR EMPLOYMENT HISTORY FOR YOUR CURRENT AND 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

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	IALD MEMBER <input type="checkbox"/> YES <input type="checkbox"/> NO
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 SUBSCRIBE TO THE IDEALS, GOALS AND MISSION STATEMENT OF THE IALD.

USE OF THE IALD CORPORATE NAME OR INITIALS:

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

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

APPLICANT'S SIGNATURE

DATE

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: armando@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

CREDIT CARD AUTHORIZATION

Date: _____

Name : _____

Company name: _____

Explanation: _____

CREDIT CARD INFORMATION			
<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover

Card Number			

Print Name			

Signature (as shown on credit card)			

Expiration Date	Amount		
_____	_____		

Comments:

Please fax back to the IALD office at +1 312 527 3680