

## **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 + \$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.

### **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
- \$30.00 USD non-refundable application fee

# IALD EDUCATOR MEMBERSHIP APPLICATION

## NAME

<input type="checkbox"/> MR.	_____	_____	_____
<input type="checkbox"/> 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 WEB SITE.

INSTITUTION/UNIVERSITY	
STREET	
CITY	STATE/PROVINCE
POSTAL CODE	COUNTRY
TELEPHONE	FAX
EMAIL	WEB SITE

WHAT ARE YOUR PRIMARY JOB RESPONSIBILITIES?

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\_\_\_\_\_

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## 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
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## 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 _____	DATE OF COMMITTEE DECISION _____
APPROVAL DECISION _____	DUES PAYMENT RECEIVED <input type="checkbox"/>
DECISION LETTER SENT <input type="checkbox"/>	
NOTES: _____	

# 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:

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