

MEMBERSHIP APPLICATION

YOU CAN ALSO JOIN ONLINE AT IFDA.COM

We want to know all about you, so please fill in all the blanks!

| Please Select: O Mr. O | Ms. | | | |
|--|--|--|---|---|
| First | Middle | | | Last |
| | bership in the Association. | Please o | complete the Profes | o support the objectives of the Association are ssional Member section of the application in its nip and is non-transferable. |
| CHAPTER AFFILIATION (Plea | se Select One) | | | |
| ArizonaCalifornia - NorthernCarolinasFlorida | IllinoisJapanNew EnglandNew York | 0 | Philadelphia Richmond Texas Washington DC | InternationalMember-At-Large |
| HOW DID YOU HEAR ABOUT THE IFDA? O Referred by an IFDA Member | | | ARE YOU INTER | RESTED IN? (Please Select All That Apply) r Career |
| • | | | ○ Growing Your○ Education○ Becoming Mo○ Networking | |
| O I am an Established Busin O I am a graduate of a 2 or \$150 - within 1 year of the documenting graduation your application. Please | ness Professional: Profess i 4 year or higher education e date of graduation. NOTE within one year of submitt note that unofficial transcri | onal M prograd TO PRO ing you ipts sat | embership \$350.0 m and I am applyin DSPECTIVE ASSOC r application for If isfy the transcript | ng for Associate Membership - CIATE MEMBERS: A copy of your transcript FDA membership must be submitted with |
| Name | | | | Title |
| Company | | | | |
| Preferred Mailing Address_ | | | | |
| City | State | | Zip | Country |
| Phone | Mobile | | | Email |
| Website | | | | |
| PAYMENT OF DUES | | | | |
| ○ Check (Payable to IFDA) ○ Vi | sa O MasterCard O Ame | erican E | xpress | |
| ○ Yes, I would like to make | an additional donation to t | he IFD | A Educational Foui | ndation in the amount of |
| Card Number | | | | |
| | | | | · |
| Charge Amount | | | | |
| Signature | | | | Date |

| VOLUNTEER OPPORTUNITIES | | | | | |
|---|--|--|--|--|--|
| The IFDA is a volunteer based organization. If you're interested in getting involved, let us know! | | | | | |
| ○ Yes, I am interested in getting involved ○ Local ○ International ○ Wherever there is a need | | | | | |
| ○ Yes, I am interested in getting involved in the future | | | | | |
| ○ No, I am not available to volunteer at this time. | | | | | |
| STATEMENT OF APPLICATION / IFDA CODE OF ETHICS | | | | | |
| Members of the International Furnishings and Design Association are expected to conduct themselves honorably so as to maintain the integrity of the Association. To that end, each member shall adhere to the following rules of conduct and principles guiding membership behavior: | | | | | |
| A member shall abide by the bylaws of both the International and Chapter organizations and hold membership in the Association as both a privilege and a responsibility. A member is obligated through personal and professional conduct to uphold and maintain, beyond reproach, the | | | | | |
| dignity of the Association. 3. The name "International Furnishings and Design Association" may be utilized by the International organization and its affiliated Chapters, who must add the proper Chapter designation to the name, except that an individual may, with written approval of the International Board of Directors, use the name of the Association to sponsor or co-sponsor an activity or purpose. | | | | | |
| 4. A member shall not utilize their position as an officer in the Association, or their membership, to gain purely personal advantage in advertising, merchandising, or promotion. However, a member may and is encouraged, to utilize the initials "IFDA" after their name on business stationary and business announcements. 5. A member shall recognize and respect the professional standards of other IFDA members and shall encourage a high | | | | | |
| level of cooperation with allied organizations. 6. A member shall sponsor for IFDA membership, only those individuals known to have, and to practice, the highest professional and ethical standards. | | | | | |
| 7. A member may not use the IFDA Directory as a mailing list for commercial or political purposes, nor permit its use by a non-member for any purpose. 8. A member shall fully and honestly represent his/her qualifications at all times. | | | | | |
| Adherence to these principles is the obligation of each member and any violation or misconduct that is detrimental to the best interest of the Organization shall be dealt with as provided in Article III, Section 5, of the Bylaws. | | | | | |
| In applying for membership in the International Furnishings and Design Association, I attest to the accuracy of the information provided and my eligibility for the category in which I am applying. I agree to abide by the IFDA Code of Ethics and will maintain and enhance the prestige and integrity of the IFDA. | | | | | |

| Signed | Date: | |
|--------|-------|--|
| | | |

SUBMITTING APPLICATION

To submit your IFDA Membership Application, please complete both pages in their entirety. The completed application can be sent by mail or fax to:

IFDA Headquarters

610 Freedom Business Center Suite 110 King of Prussia, PA 19406 Phone: 610-992-0011

Fax: 610-992-0021 Email: info@ifda.com