

## TRADE PARTNER APPLICATION

DATE \_\_\_\_\_

### BUSINESS INFORMATION

\_\_\_\_\_  
BUSINESS NAME BUSINESS LICENSE #

\_\_\_\_\_  
BUSINESS ADDRESS CITY POSTAL CODE

\_\_\_\_\_  
BUSINESS PHONE NUMBER BUSINESS FAX NUMBER

\_\_\_\_\_  
BUSINESS WEBSITE

### TYPE OF COMPANY

( ) COMMERCIAL ( ) RESIDENTIAL ( ) MANUFACTURER ( ) IMPORTER ( ) EDUCATION

### CONTACT INFORMATION

\_\_\_\_\_  
CONTACT NAME CCIDA MEMBERSHIP NUMBER\*

\_\_\_\_\_  
POSITION CONTACT PHONE NUMBER / EXT

\_\_\_\_\_  
CONTACT EMAIL CONTACT FAX

\* If company contact is not yet registered as a member of the CCIDA please leave this area blank.

## PRODUCTS

### WHAT TYPE OF PRODUCTS DO YOU OFFER?

COMMERCIAL  RESIDENTIAL  EDUCATION

### WINDOW COVERINGS

**BLINDS**  WOOD  PVC  FABRIC  WOVEN WOODS

VERTICALS  HORIZONTALS  OTHER \_\_\_\_\_

**SHUTTERS**  WOOD  VINYL  OTHER \_\_\_\_\_

### DRAPERY & UPHOLSTRY

CUSTOM  READY MADE  HARDWARE  OTHER \_\_\_\_\_

### LIGHTING

LAMPS  RECESSED  CEILING  COMMERCIAL

### FABRIC

BRANDS: \_\_\_\_\_

\_\_\_\_\_

### WALLPAPER

BRANDS: \_\_\_\_\_

\_\_\_\_\_

### PAINT

BRANDS: \_\_\_\_\_

\_\_\_\_\_

### ART

ORIGINAL  PRINTS  FRAMING  OTHER \_\_\_\_\_

### CARPET

BROADLOOM  ORIENTAL  AREA

CARPET TILE  OTHER \_\_\_\_\_

### FLOORING

HARDWOOD  VINYL  TILE  LAMINATE

OTHER \_\_\_\_\_

### FURNITURE

COMMERCIAL  RESIDENTIAL

UPHOLSTERED  UPHOLSTERED

CASE GOODS  CASE GOODS

CUSTOM  CUSTOM

OTHER  OTHER

### ACCESSORIES

\_\_\_\_\_

### FLOWERS

FRESH  DRIED  SILK

## SERVICES AVAILABLE

WORKROOM

WORKROOM ADDRESS: \_\_\_\_\_

INSTALLATION

**SAMPLES**

**CATALOGUES**

**OTHER**  \_\_\_\_\_

**YOUR TRADE DISCOUNT** \_\_\_\_\_ **TERMS** \_\_\_\_\_ **BONUS** \_\_\_\_\_

Would your company be interested in hosting an informational Munch and Learn Seminar? **YES NO**

Would your company be interested in sponsoring a scholarship for the University of Alberta Residential Interiors Certificate Program or NAIT Interior Design Technology? **YES NO MAYBE IN THE FUTURE**

Do you have any further information that would be useful to our members? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## PARTNERSHIP FEE

**TRADE PARTNER FEE: \$300.00**

**INCLUDES ONE GENERAL MEMBERSHIP REGISTRATION, if required.**

If company contact is not yet a member of the CCIDA please complete and include a General Membership Form with Trade Partner Application.

Company contact is currently a CCIDA member in good standing.

Membership form attached.

**TRADE PARTNER FEE: \$ 0.00**

**FOR EDUCATIONAL ORGANIZATION**

(University of Alberta, NAIT, Lakeland College, Mount Royal)

**PAYMENT:**  PayPal [Please visit our website at [www.ccida.ca](http://www.ccida.ca) to use PayPal.]

Cheque [Please make payable to CCIDA.]

**Completed application forms can be mailed to:**

CCIDA  
Attention:  
Amanda Schroter, CID  
Director of Trade Partners  
7623 - 70 Avenue, Edmonton, AB, T6C 0A3  
Phone: 780-267-7432 or 780-457-5537  
Fax: 780-450-3116

### THANK YOU FOR YOUR SUBMISSION.

Your application will be presented and reviewed by the CCIDA Board. Upon Board approval and receipt of payment you will receive confirmation of your company's acceptance as a new CCIDA Trade Partner.

## FREEDOM OF INFORMATION AND PROTECTION OF PRIVACY ACT (FOIP)

### MEMBERSHIP TYPE

Please check appropriate membership.

- Registered Member
- Trade Partner
- Student Member

I, \_\_\_\_\_  
First Name / Last Name

Of \_\_\_\_\_  
Municipal Address City / Province / Postal Code

\_\_\_\_\_  
Business Name / Business Phone / E-mail Address

This information is being collected solely for the CCIDA's membership purposes. I agree to allow the CCIDA to collect and use this information pursuant to the Personal Information Protection Act (PIPA), which aims to protect the personal information of an organization's customers and its members. The Act also gives me the right to ask the organization to show me the personal information it has about me and to ask for the information to be corrected if I think a mistake has been made.

If there is any information you do not wish to include within the membership directory, please specify.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

## WEBSITE RELEASE FORM

The CCIDA includes Affiliate business names and information on their website. Your permission is required to include your Business name/logo and any information regarding your business services and/or products on it.

Please fill out the following form to document your permission.

I hereby consent without further consideration or compensation, to the use (full or in part) of all information, logos and photos submitted for use on the CCIDA website.

Would you like a link attached to your logo or photo file allowing direct access to your business website?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is your website address? \_\_\_\_\_

Name \_\_\_\_\_

Business Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Please return this document signed to:**

CCIDA  
Attention:  
Amanda Schroter CID  
Director of Trade Partners  
7623-70 Avenue  
Edmonton, Alberta T6C 0A3  
Phone: 780- 267-7432 or 780-457-5537  
Fax: 780-450-3116