



*The Educated choice for your Decorating needs.*

Canadian Certificate Interior Decorators' Association

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### MEMBERSHIP APPLICATION

DATE \_\_\_\_\_

#### PERSONAL INFORMATION

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell \_\_\_\_\_

Fax \_\_\_\_\_ E-mail \_\_\_\_\_

#### ACADEMIC HISTORY

Current Student\*  Certificate\*\*  Diploma\*\*  Degree\*\*

Institution of Study: \_\_\_\_\_

Program and Graduation Date: \_\_\_\_\_

**\*Please submit a transcript of courses completed or your registration and expected graduation date. \*\*Please attach a copy of your certificate, diploma, or degree.**

#### WORK EXPERIENCE

Are you currently working in the decorating and design industry? \_\_\_\_\_

Which field of the decorating and design industry are you currently working? \_\_\_\_\_

eg. Design Company, Furniture Sales, Window Treatments, Wall Coverings, Flooring, Paint, Home Sales  
Number of years you have worked in the decorating and design industry? \_\_\_\_\_

What area of the industry do you currently work?  Residential  Commercial  Both

**SELF EMPLOYMENT**

Are you self-employed?  Yes  No

Number of years in business \_\_\_\_\_

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

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**VOLUNTEER INVOLVEMENT**

We always welcome new volunteers. Any level of involvement is greatly appreciated.

Would you be willing to help with:  Executive  Committees  Communication  Events

Do you have any special skills that would benefit the CCIDA? \_\_\_\_\_

eg. Artist, Graphic Design, Computer Skills, Software Skills, Marketing, Networking, Publishing

Please explain \_\_\_\_\_

\_\_\_\_\_

**MEMBERSHIP FEES**

Type of Membership

Student Member \$50.00  Registered Member \$100.00

Payment:

Paypal  Cheque

To pay using Paypal, please visit our website at [www.ccida.ca](http://www.ccida.ca).

Please mail completed application form to:

CCIDA  
Leslie Holland  
c/o Delton Cabinets  
14135 128 Avenue NW  
Edmonton, AB T5L 3H3



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**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 \_\_\_\_\_



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**CCIDA CODE OF CONDUCT**

As a Certificate Interior Decorator

- I understand that how I conduct my business reflects on the whole CCIDA community and I will, therefore, conduct my business practice in such a way as to always protect and earn the respect of a client, my fellow decorator, the decorating industry and the public at large.
- I will always conduct my professional activities with honesty, integrity, fairness and respect. I will not engage in personal attacks toward other members, engage in slander, or use profanities.
- I will not initiate, engage or participate in any discussion or activity resulting in unjust harm to the reputation or business relationship of another industry professional or the CCIDA.
- I will never accept any professional responsibilities unless adequately educated, skilled, and experienced to do so.
- I will never divulge confidential information about clients or clients' projects or photographs without the prior written consent of the appropriate person.
- I will never engage in any form of false or misleading promotional or advertising activities, and will not knowingly plagiarize or take credit for work that is not my own.
- I acknowledge my right to conduct my business as I see fit. I understand that to access the full benefits of the CCIDA directory and resource center, I will always display, market, and inform the public of my association in the approved and agreed upon format.
- I will use the CCIDA logo with respect and will not change or alter the logo in any way. All internet displayed CCIDA logos must include a hyperlink to the CCIDA website [www.ccida.ca](http://www.ccida.ca).
- Failure to follow the Code of Conduct will result in termination of CCIDA membership and all its benefits.

PRINT NAME \_\_\_\_\_

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

GRADUATION DATE \_\_\_\_\_