

Membership Renewal Form 2019

I, _____ hereby apply to renew my membership with the **Interior Designers of New Brunswick (IDNB)** for the membership year 2019.

By renewing my membership and submitting payment for my annual dues, I understand, agree and warrant to comply with the terms, conditions and requirements of IDNB membership, including maintaining professional liability insurance coverage (Registered, Non-Resident and Intern) and fulfilling professional development requirements as applicable.

I hereby acknowledge that any paid membership dues are non-refundable and agree to abide by the conditions and terms as set out above, as well as any additional conditions and/or terms as may be determined by IDNB Board or Registrar at a later date.

The fee for this renewal is:

Retired Member	\$ 201.25
Registered Member	\$ 698.75
Non-Resident Member PEI	\$ 698.75
Non-Resident Member	\$ 800.00
Intern Member	\$ 430.00
Student Member	\$ 25.00

Please note that you are required to be a member of IDNB in order to practice Interior Design within the province of New Brunswick.

Membership renewal dues payments must be received by December 31 2019.

Note: A late payment fee of \$50.00 will be applied to overdue accounts.

Member's profile

.....
 Name:

.....
 Home address: City: Prov: Postal Code:

.....
 Home Telephone: Cell: E-mail: Fax:

.....
 Current Employer Position in firm:

.....
 Business address: City: Prov: Postal Code:

.....
 Business Telephone: Cell: E-mail: Fax:

I am renewing my membership as:

- Retired
 Registered
 Non-Resident, PEI
 Non-Resident
 Intern
 Student

Please write address and information you want listed in the IDNB Directory & posted on the website:

Name: Current employer: Address: Tel/fax/email:
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Please indicate which address you prefer to have **mail** sent to:

- Residence address
 Business address

Please indicate the address to which you would like your **emails** sent to:

- Residence address
 Business address

Record of Professional Experience (please list latest first)

.....
 1) *Company Name:* *Address:*

.....
Tel: *Firm Email:* *Employment Start & End Dates:*

.....
Position: *Supervisor:*

.....
 2) *Company Name:* *Address:*

.....
Tel: *Firm Email:* *Employment Start & End Dates:*

.....
Position: *Supervisor:*

.....
 3) *Company Name:* *Address:*

.....
Tel: *Firm Email:* *Employment Start & End Dates:*

.....
Position: *Supervisor:*

Employment Sector:

In order to better represent our membership, IDNB would like to know what percentage of your work is in each of the following categories. Please ensure that the number equals 100%.

Corporate: Healthcare: Multi-Family:
 Hospitality: Public/Institutional: Retail:
 Residential: Other:

Additional information

Are you a member in any other related professional organizations or associations? Yes No

If so, please provide the names and description of these organizations or associations:

1) Association	Membership status	Date
2) Association	Membership status	Date
3) Association	Membership status	Date

Professional Liability Insurance

Intern, Registered and Non-Resident Registered Members are required to have liability insurance as outlined in the Regulations. If applicant does not have insurance at the time of application, any acceptance into the association will be pending proof of insurance. Please attach a copy of Insurance Certificate.

Coverage: Firm Coverage Individual Coverage

If Individual Coverage, please provide the following:

Insurance Provider:	Policy Number:
Period of Coverage:	Contact Information:

Mentorship Program

Registered members, here is your chance to give back to the ID community by influencing the brains of our future! Mentoring only takes on average a few hours per month, but makes a huge impact on an Intern's life and our profession. Plus, you are eligible to earn up to a total of 6 non-IDCEC credits. Interns, please let us know who your mentor is!

Requirements

- Career Guidance and Advice
- Industry Support, Information, & Networking
- Training & Education Opportunities
- Goal Setting and Motivation
- Act as Sponsor for their NCIDQ Work Verification Form
- Encourage emerging designers who will become the future leaders of design and help shape the future of our profession.

Mentor/Mentee Name:	Phone Number:	Start Date:
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Email Communication Consent

Canada's anti-spam legislation ("CASL") came into force on July 1, 2014, mandating that all recipients explicitly consent to receiving communications electronically.

Under the CASL, the IDNB must have your explicit authorization before we can send you important membership and regulatory communication by e-mail. This includes critical membership updates such as your IDNB membership renewal notice, PD requirement information, AGM dates and election notices and insurance renewal notice for members who have coverage through the national provider amongst other

Please check **I consent** below to authorize IDNB to communicate with you by e-mail

Please check **I do not consent** below if you do not wish IDNB to communicate with you by e-mail – selecting this option means IDNB is no longer able to send you email communication on important information such as legislative updates, meetings, renewal information etc.

I consent I do not consent

You can change your preference at any time by contacting the IDNB Office.

Please note that under the CASL and existing federal and provincial privacy legislation, we undertake to use your personal information, including your e-mail address, for only those purposes to which you have given consent.

IDNB reserves the right to send messages where permitted by law to do so.

Protection of Personal Information

The IDNB is committed to protecting the privacy and confidentiality of member information. Personal information that we collect is kept confidential to the extent provided by applicable federal or provincial statutes regarding access, use or disclosure of personal information.

Collection, retention and use of personal information

Any documents, records or other information provided will only be used to support the activities of IDNB and in relation to your membership with IDNB. The information about you will be retained for the duration of your membership with IDNB and thereafter as reasonably required. In some cases, IDNB may be required by applicable law or regulatory requirements, or by the rules governing the professional regulation, to use or disclose information about you without your knowledge or consent. If you have any questions or concerns about the collection of your personal information, please contact the IDNB Office at info@aridnb.ca.

Release of personal information to third-parties

IDNB will not release any information pertaining to your membership record without your prior consent. You can authorize IDNB to disclose information and/or records about you to the following designated third-parties as it relates to your IDNB membership. Taking this action is entirely voluntary – you are under no obligation to consent to the release of your information to any third-party.

Interior Designers of Canada (IDC)

IDC may collect, use and disclose your personal information to other third-parties for publication of a print and/or online directory of members, member service programs and other marketing and solicitation activities.

I authorize IDNB to release information and/or records pertaining to me to IDC:

Yes No

Interior Design Continuing Education Council (IDCEC)

IDCEC may collect, use and disclose your personal information to other third-parties for the purpose of providing technology and services related to professional development reporting.

I authorize IDNB to release information and/or records pertaining to me to IDCEC:

Yes No

Prolink

Prolink may collect and use your personal information for the purpose of providing services pertaining to professional liability insurance coverage as the designated national program provider.

I authorize IDNB to release information and/or records pertaining to me to Prolink:

Yes No

IDNB cannot assume any responsibility for the privacy practices, policies or actions of the third-parties, including how the third-parties may collect, use or disclose your personal information.

I, _____ (print your name), hereby make renewal for membership in the Association of Interior Designers of New Brunswick. If accepted, I agree to abide by the Act, Regulations and By-Laws of this Association and accept any decisions of the Board of Directors.

I hereby grant Association of Interior Designers of New Brunswick (IDNB) to request and obtain information related to my education, current and past employment and any association membership records and other information that is required for the purposes of applying to IDNB for membership.

I hereby authorize IDNB and its officers, directors, panel members, employees, and agents (the above designated parties) to review my application and determine my eligibility to become a member of IDNB. I authorize the above-designated parties to contact any state/provincial and federal authorities, employers and others to confirm the information contained in my application to become a member of IDNB.

I agree to cooperate promptly and fully in any review of my application; including submitting such documents and information deemed necessary to confirm the information in my application.

I hereby waive all claims against IDNB arising out of my application and my information in the membership application, including (but not limited to) claims arising out of (i) any release of information to state/provincial and federal authorities, licensing boards, employers and others and (ii) any investigation and review of my application.

Signature: Date:

Membership Dues Payment:			
Payment Type:	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Cash	<input type="checkbox"/> Cheque
	<input type="checkbox"/> E-Transfer (automatic deposit)		
.....			
Card Number:	Expiry Date (MMYY):	CVV:	
.....			
Card Holder Name:			

Enclosed:

- Membership Dues (all categories)
- NCIDQ Certificate (Registered, Non-Resident Registered. Interns to provide proof of progress)
- Education Transcripts (Student)
- Proof of Liability Insurance (Intern, Registered, Non-Resident Registered)
- Continuing Education Transcripts from IDCEC for 2016-2018 (Intern, Registered, Non-Resident PEI)
- Other Provincial Association Certificates

