



**Application For Accredited Membership**

**New members: \$330.00 plus applicable tax (includes \$30 processing fee). See chart for total amount due.**  
 Please fill out the following form and return along with payment. Cheques should be payable to **CDECA- Canadian Decorators' Association**.  
 Please allow 4-6 weeks for processing. Any NSF cheque will be charged an additional \$25 fee.

Current Student Member? \_\_\_\_\_

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

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

**Academic History**

Certificate: \_\_\_\_\_ Diploma: \_\_\_\_\_ Other: \_\_\_\_\_

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

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

**Work Experience**

Besides decorating and/or designing, what additional professional experience and skills do you possess? (eg. Marketing, Advertising, Sponsorship, Government Relations, Fundraising, Accounting, Computers, etc.)

\_\_\_\_\_

How did you hear about CDECA? \_\_\_\_\_

(Please provide name of any CDECA member who may have referred you): \_\_\_\_\_

CDECA welcomes volunteer help. Please indicate which committee(s) you would like to assist:

- |  |                                     |   |
|--|-------------------------------------|---|
| <input type="checkbox"/> Ambassador          | <input type="checkbox"/> Ethics     | <input type="checkbox"/> Newsletter               |
| <input type="checkbox"/> Chapter Development | <input type="checkbox"/> Finance    | <input type="checkbox"/> Professional Development |
| <input type="checkbox"/> Communication       | <input type="checkbox"/> Marketing  | <input type="checkbox"/> Trade & Consumer Shows   |
| <input type="checkbox"/> Education           | <input type="checkbox"/> Membership |   |

**IMPORTANT:**

Please confirm by checking the boxes below.

- I authorize CDECA to share my contact information with other members of CDECA via the website, www.cdeca.com, and the password-protected Members Only section, via email correspondence and the distribution of CDECA Newsletters. (Note: CDECA respects your privacy as outlined in the CDECA Privacy Policy.)
- I agree to abide by the CDECA Code of Ethics and Professional Conduct, the process for its enforcement and to comply with the association's By-laws (Note: If this box is unchecked, the application form cannot be accepted.)
- I confirm that I carry and maintain in good standing a liability insurance package.

**TERMS & CONDITIONS**

- To qualify for accredited member status, you must meet the Eligibility Requirements and provide proof of Certification and other documentation as required by mail or email to the CDECA office within two weeks.
- Payment of Membership Fees are non-refundable except in the case of non-acceptance of accredited status.

Applicant's Signature: \_\_\_\_\_