

# AIDI MEMBERSHIP APPLICATION FORM

*(print this form, fill in the details and post it to the registered office address with your payment)*

The Secretary,  
Association of Indian Design Industry  
Registered Office: 2992 12 A Main, HAL II Stage, Bangalore 560008, Karnataka, India

Dear Sir,  
I,

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wish to apply for the membership the Association of Indian Design Industry (AIDI).  
*(please tick the type of membership you want)*

## **Student Membership**

This membership is to encourage students to become members of the association. You pay a nominal annual subscription. You must send a copy of your student ID card. Each year the board fixes the subscription fee. You are not eligible to vote. Membership fee: Rs.500.

## **Individual Designer Annual membership**

To encourage fresh graduates to join AIDI there is a nominal Rs.2, 000/- annual membership fee for graduate designers in India & abroad for within 2 years after graduation. Beyond this individual Designers need to pay Rs.5, 000/- annual membership fee. You are all eligible to vote.

## **Individual Designer Life membership**

Life membership is open to graduate designers in India and abroad. You are entitled to be a member of the association for 15 years from date of payment. Life members are eligible to vote. Membership fee is Rs.50, 000/-

## **Design House Annual membership**

Design houses signify enterprises that are predominantly occupied with design. Membership is open to design offices in India and abroad. This type of membership entitles you to a membership for a year for three of the designers nominated by your firm. This entitles you to three votes. Membership fee is Rs. 12,500/-

## **Design House Life membership**

Design houses signify enterprises that are predominantly occupied with design. Membership is open to design offices in India and abroad. This type of membership entitles you to a membership for 15-years for three of the designers nominated by your firm. This entitles you to three votes. Membership fee is Rs. 2,00,000/-

## **Corporate / Educational Institutions Annual membership**

Companies and Educational Institutions associated or interested in Design can avail of this membership. You can nominate up to 4 designers from your organisation for membership. Each is entitled to a vote. Membership fee is Rs.25, 000/- on an annual basis.

## **Trade / Non-Profit Membership**

This type of membership means you pay a sponsorship fee, which entitles you to a membership for a year. Trade members are not eligible to vote. Trade Membership is open to suppliers and resource agencies associated with industrial design in India and abroad.

Non-profit organisations who could benefit from design would fall under this category and would pay annual fee of Rs.7, 500/- while trade members would pay annual fee of Rs.10, 000/-

## **Patron Membership**

Patron members are selected for their advisory capacities and would be instrumental in advising AIDI on its strategic growth

Each year fee will be revaluated and could change.

I undertake that I will be governed and bound by AIDIs Constitution, bye laws, professional code of conduct, and will submit myself to every part thereof and to any alterations which may thereafter be made until I cease to be a member. I promise to advance the interests and objects of AIDI by every lawful means in my power.

<b>Place</b>	<b>Dated</b>	<b>Signed</b>
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If paying by cheque or DD, please make the instrument In favour of "Association of Indian Design Industry" payable at Bangalore. Please add Rs. 50/- for outstation cheques.

<b>Payment Details</b>	<b>Amount</b>	<b>Paid by</b>	<b>Cheque</b>	<b>DD</b>	<b>Cash</b>
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<b>Drawn on Bank</b>	<b>Number</b>	<b>Dated</b>
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<b>Receipt No.</b>	<b>Dated</b>
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**Qualification of the Applicant**

<b>Approval for Membership</b>	<b>Yes</b>	<b>No</b>	<b>Membership No.</b>
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**Name of the Member**

<b>Last Name*</b>	<b>First Name*</b>	<b>Middle Name*</b>
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**Company / Employer Name**

**Title / Designation**

**Personal Website**

**Personal Mobile Phone**

**Personal Land Line 1**

**Company Land Line 2**

**Company Website**

**Published Address**

The published address is your primary contact information which will appear when other members view your records. It will be used for your mailing and billing address. Please send a letter if you want your AIDI correspondence sent to any other address

**Person Addressed To**

**Name of the Company**

**Address**

**City**

**State**

**Pin**

**Country**

**Phone**

**Fax**

**Education**

**Undergraduate Qualification**

**College**

**Post Graduate Qualification**

**College**

**Doctorate**

**College**

I certify that the above information is accurate and complete, and that I agree to abide by the AIDI code of ethics

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Signature