



SOUTHERN CALIFORNIA CHAPTER
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CANDIDACY RESEARCH FORM
Please return via fax to 213/747-2394
or e-mail to office@iida-socal.org

Must be returned by May 8, 2009

Candidate's Name: _____

Home Address: _____

Home Phone Number: _____

Employer: _____

Business Address: _____

Business Phone Number: _____ E-mail: _____

Business Fax Number: _____

Are you a Professional, Associate or Industry Member? _____

California Certified Interior Designer (CID) Number: _____

Is your primary function with your firm the practice of interior design? _____

If Not, what? _____

What are your responsibilities? _____

Education: _____

Prior IIDA Office/Activity/Participation: _____

Position of Interest – 1st Choice: _____

Position of Interest – 2nd Choice: _____

Candidate's signature: _____

Date: _____