



Membership Application

Individual Member

Do not write in this block (Filled in by the IDC)

First reviewed by (File number)		Pass the first review	Review comments
No. _____			
Aesthetics _____	Communication skill _____	<input type="checkbox"/> Professional Level <input type="checkbox"/> Elementary Level	
Screativity _____	Functionality _____		
Originality _____	Symbolism _____		

Please fill in the relevant information

Part 1. Fill in relevant information

Name of applicant:	Citizenship:	City (post code):
Date of birth: (day/month/year) _____/_____/_____	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Education background: (name of school)		
Select an occupation:		
<input type="checkbox"/> Visual communication	<input type="checkbox"/> Industrial product	<input type="checkbox"/> Clothing & Ornaments
<input type="checkbox"/> Video animation	<input type="checkbox"/> Multimedia interaction	<input type="checkbox"/> Spatial & Environmental
Name of company:		
Website:	E-mail:	
Social media account:	Telephone number: (include area code)	
Mailing address:		

Part 2. Signature of applicant

I certify that the information provided on this form is true and correct, and I understand that submission of false information is grounds for rejection of application.

Signature of applicant