



**Professional Membership Application Form  
2017-2018**

NAME: \_\_\_\_\_

STUDIO NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE: (H) \_\_\_\_\_ (C) \_\_\_\_\_

EMAIL: \_\_\_\_\_

WEBSITE: \_\_\_\_\_

SOCIAL MEDIA: FACEBOOK: \_\_\_\_\_

INSTAGRAM: \_\_\_\_\_

OTHER: \_\_\_\_\_

ARE YOU ACCEPTING NEW STUDENTS?  YES  NO

I give the IHDA permission to post the information collected on this membership application form on their website [www.ihda.ca](http://www.ihda.ca).

YES  NO

\_\_\_\_\_  
Signature

ANNUAL MEMBERSHIP FEE:

PROFESSIONAL Complimentary Membership  NO CHARGE

**PLEASE MAKE SUBMIT YOUR MEMBERSHIP APPLICATION BY NOVEMBER 1, 2017 TO:**

**IHDA c/o Shawna Peace  
2461 Briarwood Ave  
Kamloops BC V2B5A1**

For Office Use ONLY

Date Registered: \_\_\_\_\_ IHDA # \_\_\_\_\_ Comp: \_\_\_\_\_