

# DENVER DESIGN DISTRICT

595 South Broadway # 200,  
Denver, CO 80209

## 2008 Membership Registration Form

\* PLEASE FILL OUT EACH SECTION COMPLETELY. THERE ARE TWO PAGES.

**IMPORTANT NOTICE:** Registration with the DDD does not preclude you from providing each showroom you conduct business with a copy of your sales tax license.

### A. REGISTRANT INFORMATION

FIRST NAME:

LAST NAME:

COMPANY NAME:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

PHONE (work):

(pager/cell):

FAX:

E-MAIL:

### B. EMAIL/ FAX PERMISSION

I give my permission to the Denver Design District and its showrooms to send faxes and/or e-mails to the number and or addresses listed above. The Denver Design District and its showrooms will be unable to send faxes or e-mails without this on record. (please check one or both)      **Fax**              **E-mail**

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

SIGNATURE: \_\_\_\_\_

### C. REGISTRATION TYPE

**CHECK ONE:**

**\$40** Two-Year Registration (New in 2008 or registration not received by early renewal deadline + one renewal: 2008 \$25 + 2009 \$15 = \$40)

**\$30** Two-Year Renewal (registered in previous year & received by early renewal deadline: 2008 \$15 + 2009 \$15 = \$30)

**\$30** Two-Year Student/ Intern/ Assistant (2008 \$15 + 2009 \$15 = \$30)

**\$25** One-Year Standard Registration

**\$15** One-Year Renewal (if registered in previous year and received by renewal deadline)

**\$15** One-Year Student/ Intern/ Assistant

Payment may be made by cash or check payable to the Denver Design Center. Sorry, no credit cards accepted.

**Reminder: Each payment is by the individual and not by company.**

### D. REGISTRATION CATEGORY

**CHECK ONE:**

Please provide the required documentation listed under the category you check.

<p><b>Interior Designer</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Copy of current State Sales Tax License</li><li><input type="checkbox"/> Payment by a Business Check</li></ul> <p>OR</p> <ul style="list-style-type: none"><li><input type="checkbox"/> Signed authorization below (found at bottom of this page) by a registered member of the DDD to register under another person's tax license</li><li><input type="checkbox"/> Payment by a Business Check</li></ul> <p><b>Intern/ Assistant</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Signed authorization below (found at bottom of this page) by a registered member of the DDD to register under another person's tax license</li><li><input type="checkbox"/> Payment by a Business Check</li></ul> <p><b>Architect *</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Copy of current state architect's license or proof of AIA membership</li><li><input type="checkbox"/> Business card</li><li><input type="checkbox"/> Payment by a Business Check</li></ul> <p><b>Student *</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Copy of current student ID</li></ul>	<p><b>Manufacturer / Vendor</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Authorization from a DDD showroom carrying your line</li><li><input type="checkbox"/> Business card</li></ul> <p><b>Design Related Retailer</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Copy of current State Sales Tax License</li><li><input type="checkbox"/> Business card</li><li><input type="checkbox"/> Business Check</li><li><input type="checkbox"/> Proof of established account with a DDD showroom <b>OR</b> wholesale invoice showing a purchase of DDD showroom or line</li></ul> <p><b>Specifier*</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Description of your business as it relates to wholesale status</li><li><input type="checkbox"/> Business card</li></ul> <p><b>Contractor/ Builder*</b></p> <ul style="list-style-type: none"><li><input type="checkbox"/> Copy of current city or county's contractor's license, if applicable</li><li><input type="checkbox"/> Business card</li></ul> <p><small>*This membership may or may not be able to purchase. Purchasing is monitored by individual showrooms.</small></p>
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### E. AUTHORIZATION

**AUTHORIZATION FOR USE OF SALES TAX LICENSE:** By signing this you are allowing the above person to be registered with the DDD under your State Sales Tax License.

**PRINT NAME:** \_\_\_\_\_ **SIGNATURE:** \_\_\_\_\_

FOR OFFICE USE: Date: _____ Check #: _____ Amount: \$ _____ By: _____
Sales Tax License #: _____ Expiration: _____