

DENVER DESIGN DISTRICT

595 South Broadway # 200,
Denver, CO 80209

2009 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:

\$25 One-Year Standard Registration

\$15 One-Year Renewal (if registered in previous year and received before March 1st)

\$15 One-Year Student/ Intern/ Assistant

- Payment may be made by cash or check payable to the Denver Design District.
- Sorry, no credit cards accepted.
- Please include completed form, payment and corresponding items listed on the back of this page when sending in your registration. Incomplete registrations can not be processed.

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 with this registration form.

<p><input type="checkbox"/> Interior Designer</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of current State Sales Tax License AND <input type="checkbox"/> Payment by a Business Check <p>OR</p> <ul style="list-style-type: none"> <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 AND <input type="checkbox"/> A copy of that member's State Sales Tax License <input type="checkbox"/> Payment by a Business Check <p><input type="checkbox"/> Intern/ Assistant</p> <ul style="list-style-type: none"> <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 <input type="checkbox"/> Payment by a Business Check <p><input type="checkbox"/> Architect *</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of current state architect's license or proof of AIA membership <input type="checkbox"/> Business card <input type="checkbox"/> Payment by a Business Check <p><input type="checkbox"/> Student *</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of current student ID 	<p><input type="checkbox"/> Manufacturer / Vendor</p> <ul style="list-style-type: none"> <input type="checkbox"/> Authorization from a DDD showroom carrying your line <input type="checkbox"/> Business card <p><input type="checkbox"/> Design Related Retailer</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of current State Sales Tax License <input type="checkbox"/> Business card <input type="checkbox"/> Business Check <input type="checkbox"/> Proof of established account with a DDD showroom OR wholesale invoice showing a purchase of DDD showroom or line <p><input type="checkbox"/> Specifier*</p> <ul style="list-style-type: none"> <input type="checkbox"/> Description of your business as it relates to wholesale status <input type="checkbox"/> Business card <p><input type="checkbox"/> Contractor/ Builder*</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of current city or county's contractor's license, if applicable <input type="checkbox"/> Business card <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:** _____

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