

DENVER DESIGN DISTRICT

595 South Broadway # 200
Denver, CO 80209

2012 Membership Registration Form

- Please fill out each section completely. There are **TWO** pages.
- 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.**
- **Renewal Deadline is March 1.** After March 1 the price increases to \$25.
- Payment may be made by cash or check payable to the Denver Design Center. **Sorry, no credit cards accepted.**
- Each payment is for the individual and not for the entire company.
- 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 & received by **renewal deadline of March 1st**)

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

Registration Form continued...

D. REGISTRATION CATEGORY

CHECK ONE:

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

<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:** _____

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