



Date: _____

Contact Information:

Name: _____

IIDA Member Number: # _____

Email Address: _____

Daytime Phone Number: _____

Mailing Address: _____

City, State, Zip: _____

Exam Information:

Date of Exam: _____

(if taken multiple times please list the final exam date)

Amount Paid: \$ _____

Certificate Number: # _____

Please make sure you have included with this form the following:

- ☐ Exam Results (must show that you have passed)
- ☐ Proof of Payment (receipt or copy of statement)

Please Mail or Email all documents along with a completed copy of this coversheet to:

IIDA WI

Attn: Anna Laird

Address: Destree Design Architects, Inc. 222 W. Washington Ave. #310, Madison, WI 53703

Email: vpprofdev@iidawi.org

Phone: 608-268-1499