

Applicant Information

Name _____

Title _____

School/Company _____

Address _____

Phone _____ Fax _____

Email _____

Citizenship

Are you a citizen or permanent resident of

China Nationality _____

Education

School, Undergraduate Degree, Date and Major

School, Graduate Degree, Date and Major

Membership Type

Dues include national and chapter for the first year; future dues will be billed on the anniversary date of your membership. Select the appropriate membership type below.

<input type="checkbox"/> Student: 300 RMB/3 years	<input type="checkbox"/> Ordinary: 1600 RMB/3 years
<input type="checkbox"/> Professional: 1800 RMB/3 years	<input type="checkbox"/> Senior: 2000 RMB/3 years
<input type="checkbox"/> Senior: 2200 RMB/3 years	<input type="checkbox"/> Corporate: 38,000 RMB/3 years
<input type="checkbox"/> Group: 48,000 RMB/3 years	<input type="checkbox"/> Council: 58,000 RMB/3 years
<input type="checkbox"/> Honorary: Dues Waived	<input type="checkbox"/> Life: Dues Waived

Type of Organization

<input type="checkbox"/> Consultancy	<input type="checkbox"/> Corporation
<input type="checkbox"/> Public Sector	<input type="checkbox"/> Educational Institution, at _____

Design Discipline

Check all that apply

<input type="checkbox"/> Brand Identity	<input type="checkbox"/> Interior Design	<input type="checkbox"/> Communications
<input type="checkbox"/> Marketing	<input type="checkbox"/> Corporation Identity	<input type="checkbox"/> Medical/Scientific Products
<input type="checkbox"/> Environmental Design	<input type="checkbox"/> Package Design	<input type="checkbox"/> Graphic Design
<input type="checkbox"/> Recruitment	<input type="checkbox"/> Industrial Design	<input type="checkbox"/> Research
<input type="checkbox"/> Interaction Design	<input type="checkbox"/> Website Design	<input type="checkbox"/> Architecture Design
<input type="checkbox"/> Landscape Design		

Professional Interest Section

<input type="checkbox"/> Communicative Environment	<input type="checkbox"/> Housewares	<input type="checkbox"/> Consumer Electronics
<input type="checkbox"/> Human Interaction	<input type="checkbox"/> Design History	<input type="checkbox"/> Materials & Processes
<input type="checkbox"/> Design Management	<input type="checkbox"/> Design Protection	<input type="checkbox"/> Design Research
<input type="checkbox"/> Design Thinking	<input type="checkbox"/> Diversity	<input type="checkbox"/> Ecodesign
<input type="checkbox"/> Packaging & Branding	<input type="checkbox"/> Furniture	<input type="checkbox"/> Product Development
<input type="checkbox"/> Transportation	<input type="checkbox"/> Women in Design	<input type="checkbox"/> Young Professionals
<input type="checkbox"/> SAGE		

How Can APDF Serve You Best?

<input type="checkbox"/> Prof. Development events	<input type="checkbox"/> Networking Opportunities	<input type="checkbox"/> Career Opportunities
<input type="checkbox"/> Put me in the loop	<input type="checkbox"/> Business Contact	<input type="checkbox"/> Professional & Education Support
<input type="checkbox"/> Discounts to Awards & Conferences	<input type="checkbox"/> Other _____	

How Did You Hear About APDF?

<input type="checkbox"/> APDF Member	<input type="checkbox"/> APDF Partner Institutes	<input type="checkbox"/> APDF Project Partners
<input type="checkbox"/> APDF Website	<input type="checkbox"/> Volunteer Participation	<input type="checkbox"/> Social Media:

Optional Demographics

APDF advocates equal opportunities on employment. The following optional information will help APDF better understand, serve the need of members and the professions.

<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Birth (yy/mm/dd) _____	
<input type="checkbox"/> Asian	<input type="checkbox"/> Caucasian <input type="checkbox"/> European
<input type="checkbox"/> African	<input type="checkbox"/> Other _____

Payment

Please mail this signed application to APDF. If you are paying with a credit card, please fax the application and credit card information to the below address:

<input type="checkbox"/> Check enclosed (RMB dollars, drawn from a China bank)
<input type="checkbox"/> Cyber bank <input type="checkbox"/> Alipay <input type="checkbox"/> VISA
* Currency Used <input type="checkbox"/> RMB / <input type="checkbox"/> USD
Account number #: _____ Remitting bank: _____ Sec. Code: _____

Signature : _____

Application Certification:

I certify that the above information is accurate and complete, and agree to abide by the Society's Certificate of Incorporation, Bylaws and applicable policies and procedures, including the Society's Code of Ethics.

Signature : _____ Date : _____

Send to:

APDF Secretariat--
 No.13, Lane 345.DanshuiRoad, Huangpu District, Shanghai, China
 Zip code: 200025

TEL: (86) 21-66076965, (86) 21-62820584
 FAX: (86) 21-62820584