

Northern California Registry of Interpreters for the Deaf

Membership Application: July 1, 2008 – June 30, 2009

The NorCRID News can now be emailed as an electronic PDF file. The electronic file will be sent to the email address you provide on this form. If you would like to receive the electronic version in lieu of the paper version, please check here:

NAME _____ New Renewing Member

ADDRESS _____

CITY _____ STATE _____ ZIP _____

E-MAIL ADDRESS _____

PHONE NUMBERS (please place the telephone number on the correct line)

_____ Cell _____ Home voice/TTY

_____ Text Pager _____ VP or other

Addresses will no longer be printed in the directory. The following will be printed in the directory: Name, City of Residence, E-mail, and all Phone numbers provided. If you do not want a phone number printed, please do not provide it to us.

Renewing Members Only: please circle only items that have changed since last year:

NAME ADDRESS E-MAIL CELL HOME PAGER VP/OTHER CERTIFICATION CATEGORY

MEMBERSHIP CATEGORIES

VOTING MEMBERS (Membership in RID is a condition for voting membership in NorCRID)

Are you a member in good standing of RID, Inc.? **Yes** **No**

	YEARLY DUES
<input type="checkbox"/> RID Certified Member. List NIC/RID/NAD/EIPA/ACCI (III, IV, & V) certifications: _____	\$41.00
<input type="checkbox"/> RID Certified Member - Senior Citizen (age 55 and older)	\$16.00
<input type="checkbox"/> Associate Member (pre-certified or non-certified interpreter who is a current member of RID, Inc.)	\$40.00

NON-VOTING MEMBERS (Membership in RID is not required)

<input type="checkbox"/> Student of Interpreting (must be enrolled in <u>interpreting</u> course work)	\$22.00
<input type="checkbox"/> Supporting Member (for interested individual consumers and for interpreters who are <u>not</u> members of RID)	\$16.00
<input type="checkbox"/> Organizational Member (for agencies and organizations)	\$55.00

I do not want a portion of my membership dues to go to the Greg Smith Memorial fund, an emergency fund for interpreters in financial crisis.

ADDITIONAL DONATIONS (optional)

___ Greg Smith Memorial Fund	\$ _____
___ RID Testing Fund	\$ _____
___ John McBride Fund	\$ _____
___ Other, please indicate, i.e. Pre-cert, DI/CDI, POC	\$ _____

Total Enclosed \$ _____

Signature _____ Date _____

Make checks payable to **NorCRID**. Return completed application and payment to:
NorCRID Membership, PO Box 14246 San Francisco, CA 94114
 Pro-rated dues by category: 50% after 1/1/09, 25% after 4/1/09