

Northern California Registry of Interpreters for the Deaf

Membership Application: July 1, 2010 – June 30, 2011

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 in the directory. The following will be in the directory: Name, City of Residence, E-mail, and all Phone numbers provided. If you do not want a phone number included, please do not provide it to us.

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

Note: \$2 of every membership goes to the Greg Smith Memorial Fund, an emergency fund for interpreters in financial crisis. Please check here if you do not want a portion of your membership dues to go to the Greg Smith Memorial fund.

ADDITIONAL DONATIONS (optional)

Greg Smith Memorial Fund \$ _____
 RID Testing Fund \$ _____
 John McBride Fund \$ _____
 Other, please indicate _____ \$ _____

Total Enclosed \$ _____

Signature _____ Date _____

Member subscribes to the NAD-RID Code of Professional Conduct

Make checks payable to **NorCRID**. Return completed application and payment to:
NorCRID Membership
 P.O. Box 14246
 San Francisco, CA 94114