

Colorado Registry of Interpreters for the Deaf Membership Join/Renewal Form

Are you: ____ Joining or ____ Renewing

Please print:

Name: _____ Phone: _____
Address: _____ ST: _____ Zip: _____
Email: _____ RID #: _____

Membership Category:

- ____ Voting Member - \$48
- ____ Non-Voting Associate - \$48
- ____ Non-Voting Organization - \$64
- ____ Non-Voting Student - \$16

District Selection:

If you choose more than one district, your membership dues will be split by those districts per the Bylaws or Policies and Procedures stipulation.

- ____ Northern
- ____ Mile High
- ____ Pikes Peak
- ____ Western Slope

Authorizations and Certifications. Please select which ones that apply:

- | | | |
|--------------|---------------------|-------------------------|
| ____ NIC | ____ NADV | ____ LCA |
| ____ CDI | ____ Ed:K-12 | ____ RSC |
| ____ OTC | ____ NIC - Master | ____ BEI |
| ____ SC:L | ____ NIC - Advanced | ____ OIC |
| ____ CI | ____ CLIP: R | ____ IC |
| ____ CT | ____ CSC | ____ TC |
| ____ NAD III | ____ MCSC | ____ None/Not Certified |
| ____ NAD IV | ____ A:IE | |

Membership Directory *Opt-in/Opt-out*

The directory will include your name, address, certifications, email and district affiliation. There are a couple of options you can choose for this directory. 1) Have all your information listed in the directory. 2) Have only your name, certifications and email address listed in the directory. 3) Not be included in the directory at all. Please choose one of the following options.

- ____ Fully Disclose information
- ____ Name, Email and Certifications only
- ____ Opt out, no information disclosed

____(Please initial) I have read, understand and agree to adhere to the RID-NAD Professional Code of Conduct and to Colorado HB09-1090

Please send a check to: Colorado Registry of Interpreters for the Deaf
PO Box 1881 Monument, CO 80132

Thank you for your continued support!