



Annual Membership Application – Fiscal Year 2018 (July 1, 2018 – June 30, 2019)

- Please check all information that you wish to keep confidential.
- ✓ **If not checked, it will be included in the LIRID Directory.**

Member / Organization Information:	
<input type="checkbox"/> Name (last, first): _____	
Street Address: _____	
<input type="checkbox"/> Town, State, Zip: _____	
<input type="checkbox"/> Email(s): _____	
<input type="checkbox"/> Home Phone: _____	
<input type="checkbox"/> Work Phone: _____	
<input type="checkbox"/> Mobile Phone: _____	
Certifications: _____	RID Membership # (required): _____

MEMBERSHIP CATEGORIES

<u>Voting</u>	<u>Non-Voting</u>
<input type="checkbox"/> Certified \$30.00 Individuals holding current RID certification ***RID Membership is required.	<input type="checkbox"/> Student \$25.00 Individuals currently enrolled in an interpreter-training program
<input type="checkbox"/> Associate \$25.00 Individuals engaged in interpreting but not holding RID certification ***RID Membership is required.	<input type="checkbox"/> Supporting \$25.00 Individuals who support RID but are not engaged in interpreting.
Please check here → <input type="checkbox"/> ← to be listed as a Deaf Interpreter.	<input type="checkbox"/> Organizational \$35.00 Organizations and agencies that support RID's purposes and activities

Volunteers needed: Please check any area you feel you could help:

- Professional Development Membership Mentorship Fundraising Publications

Donations to the Emergency Fund: The emergency fund is for working interpreters/members who experience financial hardship as a result of catastrophic events in their lives. I would like to make a donation of \$_____ to the emergency fund.

Code of Ethics: By joining LIRID, as with National RID, a member agrees to adhere to the RID Codes of Professional Conduct. (www.rid.org/coe.html)

► **BEFORE SIGNING:** Did you check all information you want to be kept confidential in directory?

Signature: _____ **Date:** _____

For Office Use ONLY:

Date Rec'd: _____ Rec'd by: _____ Amt:\$ _____ cash check #: _____

Date added to database: _____ Added by: _____

Date sent confirmation of receipt: _____ Sent by: _____