



Annual Membership Application – Fiscal Year 2020 (July 1, 2020 – June 30, 2021)

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

Member / Organization Information:

Name (last, first): _____

Street Address: _____

Town, State, Zip: _____

Email(s): _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

Certifications: _____ **RID Membership # (required): _____**

MEMBERSHIP CATEGORIES

<u>Voting</u>	<u>Non-Voting</u>
<input type="checkbox"/> Certified \$30.00 \$0 Individuals holding current RID certification ***RID Membership is required.	<input type="checkbox"/> Student \$25.00 \$0 Individuals currently enrolled in an interpreter-training program ***RID Membership is required.
<input type="checkbox"/> Associate \$25.00 \$0 Individuals engaged in interpreting but not holding RID certification ***RID Membership is required.	<input type="checkbox"/> Supporting \$25.00 \$0 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 \$0 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

Date added to database: _____ Added by: _____ check #: _____

Date sent confirmation of receipt: _____ Sent by: _____