

# WSRID Membership Application

Washington State Registry of Interpreters for the Deaf

Membership term is January 1 – December 31 for all members.

YEAR: \_\_\_\_\_

Please check ( <input type="checkbox"/> ) any information that you want kept confidential and <b>not</b> published in the directory.	
<input type="checkbox"/> <b>Name:</b>	<b>RID Member Number:</b>
<input type="checkbox"/> <b>Mailing Address:</b>	<b>Phone Numbers:</b> <input type="checkbox"/> Home: <span style="float: right;">V TTY</span> <input type="checkbox"/> Cell: <span style="float: right;">V TTY</span> <input type="checkbox"/> Work: <span style="float: right;">V TTY</span>
<input type="checkbox"/> <b>E-mail or Pager address for contact:</b>	<b>E-mail address for electronic newsletter:</b>

All membership categories include receipt of our electronic newsletter.

All categories except "Newsletter Subscription Only" include the WSRID Membership Directory.

**NOTE: Membership application/renewal must be postmarked by February 15th to be included in the Membership Directory.**

Please check the category for which you are applying for membership.

<b>Membership Dues and Categories</b> <input type="checkbox"/> <b>Newsletter Subscription only</b> dues <b>\$22.00</b> Does not include WSRID Membership Directory. Does not include eligibility to vote. <input type="checkbox"/> <b>First-time Membership (first year only)</b> (available only to first-time members) Please <b>also</b> select a second box on this form to indicate which category of membership you are joining (Organizational, Supporting, Student, Associate, or Certified). <input type="checkbox"/> Joining between Jan. 1 – Jun. 30 dues <b>\$30.00</b> <input type="checkbox"/> Joining between Jul. 1 – Dec. 31 dues <b>\$20.00</b> <input type="checkbox"/> <b>Organizational</b> dues <b>\$35.00</b> For organizations that support WSRID. Does not include eligibility to vote. <input type="checkbox"/> <b>Supporting</b> dues <b>\$35.00</b> For individuals who support WSRID but who are not engaged in interpreting. Does not include eligibility to vote. <input type="checkbox"/> <b>Student</b> dues <b>\$35.00</b> For individuals who are enrolled in an Interpreter Training Program ( <b>proof of enrollment is required</b> ). Does not include eligibility to vote. <input type="checkbox"/> <b>Associate</b> dues <b>\$40.00</b> For individuals who are engaged in interpreting/transliterating but who do not hold current certification. <b>Must be a current RID member.</b> Includes eligibility to vote. <input type="checkbox"/> <b>Certified</b> dues <b>\$45.00</b> For individuals who hold <b>current</b> RID/NAD certification. Includes eligibility to vote. Check all certifications that apply: <input type="checkbox"/> NIC <input type="checkbox"/> NIC-A <input type="checkbox"/> NIC-M <input type="checkbox"/> CI <input type="checkbox"/> CT <input type="checkbox"/> IC <input type="checkbox"/> TC <input type="checkbox"/> CSC <input type="checkbox"/> RSC <input type="checkbox"/> SC:L <input type="checkbox"/> OTC <input type="checkbox"/> OIC <input type="checkbox"/> CDI <input type="checkbox"/> CLIP-R <input type="checkbox"/> NAD III <input type="checkbox"/> NAD IV <input type="checkbox"/> NAD V <input type="checkbox"/> Ed:K-12	<b>What is your primary profession?</b> <input type="checkbox"/> Interpreter Educator <input type="checkbox"/> Freelance Interpreter <input type="checkbox"/> Interpreter Coordinator <input type="checkbox"/> Video Relay Service (VRS) <input type="checkbox"/> Educational Interpreter <input type="checkbox"/> Video Remote (VRI) <input type="checkbox"/> Other: _____
	<b>Student Member:</b> Please provide a copy of your current school registration, or the signature of your ITP instructor.  _____ ITP Instructor Signature
	<b>Code of Professional Conduct:</b> I have read, understand, and agree to adhere to the NAD-RID Code of Professional Conduct.  _____ Signature <span style="float: right;">Date</span>
	<b>Payment Information</b> <b>Dues amount:</b> _____ <b>Optional Printed Newsletter (\$5.00):</b> _____ (An electronic newsletter is included with membership.) <b>Total Amount Paid:</b> _____ Make your check payable to WSRID and mail it along with this application to: <b>WSRID</b> <b>P.O. Box 20334</b> <b>Seattle, WA 98102</b>