

# WSRID Membership Application

Washington State Registry of Interpreters for the Deaf

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

YEAR: 2010

Please check (☐) any information that you want kept confidential and *not* 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.

## Membership Dues and Categories

- Newsletter Subscription only** dues **\$22.00**  
Does not include WSRID Membership Directory. Does not include eligibility to vote.
- First-time Membership (first year only)**  
(available only to *first-time* members)  
Please *also* select a second box on this form to indicate which category of membership you are joining (Organizational, Supporting, Student, Associate, or Certified).  
 Joining between Jan. 1 – Jun. 30 dues **\$30.00**  
 Joining between Jul. 1 – Dec. 31 dues **\$20.00**
- Organizational** dues **\$35.00**  
For organizations that support WSRID. Does not include eligibility to vote.
- Supporting** dues **\$35.00**  
For individuals who support WSRID but who are not engaged in interpreting. Does not include eligibility to vote.
- Student** dues **\$35.00**  
For individuals who are enrolled in an Interpreter Training Program (**proof of enrollment is required**). Does not include eligibility to vote.
- Associate** dues **\$40.00**  
For individuals who are engaged in interpreting/transliterating but who do not hold current certification. **Must be a current RID member.** Includes eligibility to vote.

- Certified** dues **\$45.00**  
For individuals who hold **current** 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 |                               |

## What is your primary profession?

- Interpreter Educator       Freelance Interpreter  
 Interpreter Coordinator       Video Relay Service (VRS)  
 Educational Interpreter       Video Remote (VRI)  
 Other: \_\_\_\_\_

## Student Member:

Please provide a copy of your current school registration, or the signature of your ITP instructor.

\_\_\_\_\_  
ITP Instructor Signature

## Code of Professional Conduct:

I have read, understand, and agree to adhere to the NAD-RID Code of Professional Conduct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Payment Information

**Dues amount:** \_\_\_\_\_

**Optional Printed Newsletter (\$5.00):** \_\_\_\_\_  
(An electronic newsletter is included with membership.)

**Total Amount Paid:** \_\_\_\_\_

Make your check payable to *WSRID* and mail it along with this application to:

**WSRID**  
**P.O. Box 20334**  
**Seattle, WA 98102**