

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"/> Name:	RID Member Number:
<input type="checkbox"/> Mailing Address:	Phone Numbers: <input type="checkbox"/> Home: V TTY <input type="checkbox"/> Cell: V TTY <input type="checkbox"/> Work: V TTY
<input type="checkbox"/> E-mail or Pager address for contact:	E-mail address for electronic newsletter:

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:
 - NIC NIC-A NIC-M CI CT
 - IC TC CSC RSC SC:L
 - OTC OIC CDI CLIP-R
 - NAD III NAD IV NAD V 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