Michigan Registry of Interpreters for the Deaf http://www.mirid.org

Application for Membership 2008

Please discard any previous year membership applications.

Date:_____

Name/Organization:_____ Phone: v/tty/both _____

Address:_____ cell: _____

City/State/Zip:_____ Email:_____

Are you: Deaf / Hard-of-Hearing / Hearing? Residing County:_____

CERTIFICATION

RID/NAD Certification:_____Member Number_____

Michigan Quality Assurance Level: I II III

Other:_____

MEMBERSHIP

___ $12 Voting member (must be dual RID/MIRID member for voting privileges)
___ $18 Supporting member (not a current RID member/no voting privileges)
___ $10 Student member (please provide proof of enrollment)
___ $10 Deaf/Hard-of-Hearing member
___ $20 Organization (no voting privileges)

Applicant Signature:_____

(By signing above you agree to adhere to the R.I.D. Inc. Code of Professional Conduct)

◊ Membership year is from July 1 through June 30.
◊ To be a member in good standing please have your dues submitted by May 31.

Help us to serve you better

Are you an educational interpreter? ___ Yes ___No School District:_____
freelance interpreter? ___ Yes ___No
Are you a member of your local chapter? ___Yes ___No
Would you like more information to join your local chapter? ___Yes ___No

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Make checks payable to **MIRID** and send to

Martha Meginley
MIRID Treasurer
3295 N. Baldwin
Alma, MI 48801

A processing fee of $25.00 will be charged for any returned checks (NSF).

Office use only

Paid: Cash_____ Check #_____ Date_____

RID # verification _____ Member list updated _____