



SOUTH CENTRAL MICHIGAN REGISTRY OF INTERPRETERS FOR THE DEAF

APPLICATION FOR MEMBERSHIP

Please print:

* Name _____

* Address _____

County _____

* Phone _____

* Email _____

* Current certification/qualification level _____

* For networking purposes please indicate with an any information we may not post or share with members in a future printed directory or website

Signature giving consent

Date

Membership is due for renewal each July 1st
Annual dues are \$10.00

Please make your checks payable to MIRID-SC

If you are returning this form by mail, please address the envelope to

SCMIRID Treasurer / Lisa Pray
5870 N. Canal Rd. Dimondale MI. 48821

For more information or to make any changes in the contact information we have for you, please email us at: **SCMIRID@Gmail.com**