

Amount Paid: _____
Member Through: _____

WMIRID
West Michigan Registry of Interpreters for the Deaf

Application for Membership

Date: _____

Name: _____

Street Address: _____

City, State: _____ Zip Code: _____

Home Phone:(_____)_____ Work Phone:(_____)_____

Cell Phone:(_____)_____ Email: _____

Occupation: _____

Please provide the following information that will allow us to plan workshops accordingly, thank you.

Are you State Qualified? _____ If yes, please circle one: QA I QA II QA III

Are you RID/NAD Certified? _____ If yes, please list: _____

Are you currently enrolled in an Interpreter Training Program? _____

If yes, where? _____

Dues: \$5.00 per year, due in February
Payable in cash or check, please make check payable to: WMIRID

Treasurer: Janie Hernández
547 Maple Avenue
Holland, MI 49423

Please list any ideas or requests for workshops/trainings; or additional comments.

Thank you!