



COLORADO REGISTRY OF INTERPRETERS FOR THE DEAF
Annual Membership Application
Membership Year 2011-2012

Colorado Registry of Interpreters for the Deaf - PO Box 1877 Broomfield, CO 80038 www.coloradorid.org

Membership Information

New Renewing Member

Name: _____ Certifications: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Video Phone: _____

Email: _____

(all news and updates are sent via email)

Information to be kept confidential

Checked items will **not** appear in the membership directory.

Address

Mobile Phone

Video phone

Email

Certifications

All Information

Membership Categories and Dues

Dual \$36.00 Individual currently a member of RID
RID Member # _____

Non-Voting Categories

Associate \$36.00 Individual not members of RID

Organization \$52.00 Organization or agency supporting the purposes and activities of CRID.

Student \$16.00 Individual currently enrolled in an interpreter training program (include proof of enrollment)

Name of ITP/IPP: _____

District: Mile High Pikes Peak Northern Western Slope

In which settings do you work?

Educational VRS Community Legal Post Secondary

Other: _____

Payment Information

Dues \$ _____

Round Up Fundraiser
(optional \$4) \$ _____

Other Donations \$ _____

Total = \$ _____

Please make checks payable to Colorado RID and mail this form with payment.

The Colorado RID directory will be accessible through the website. After your payment is processed, you will be given access. Contact the Membership Committee Chair for access:
memberchair@coloradorid.org

By joining CRID, member agrees to adhere to the NAD-RID Code of Professional Conduct.
(Payment only does not certify membership or access to the website. Payment must accompany this document and signatures on both of these items below. For review, see the website "CRID Organization, Organizational Docs")

I have read, understand and agree to adhere to the NAD-RID Code of Professional Conduct:
_____ (signature) _____ (date)

I have read, understand and agree to adhere to the Term Protection as stated in HB09-1090 for the state of Colorado:
_____ (signature) _____ (date)

For Office use only

Date received _____ Amount _____ Ck# _____ Membership term expires: _____

Date membership card sent: _____