



**ILLINOIS
REGISTRY OF
INTERPRETERS FOR THE
DEAF**

Annual Membership Application
Fiscal Year 2008-2009
(September 1, 2008 - August 31, 2009)

IRID Member: New Renewal Hearing ____ Deaf ____ Hard of Hearing ____ Deaf / Blind ____ Other ____

Current Date: _____ Member Since: ____/____ Male Female

Name: _____
(First) (M.I.) (Last)

Address: _____
(Street) (City/State) (Zip)

Phone: _____
(Home: v tty both) (Work: v tty both) (fax)

E-Mail Address: _____ Add me to the IRID E-Group for news, workshops, announcements.

RID Certified: Yes No RID member # _____ If Yes, Certification(s) Currently Held: _____

Other Credentials (NAD, ISAS, ?) Please specify: ISAS Transliterating: _____ ISAS Interpreting: _____ Other: _____

Dual - Annual Dues **\$35.00**: For those members in RID, Inc. and IRID. This includes full voting privileges.
(Does not include Dual Student Memberships)

Supporting - Annual Dues **\$40.00**: For those who wish to join IRID only. Does not include voting privileges.

Student - Annual Dues **\$28.00**: For students currently enrolled in courses related to sign language or interpreting.
(Please enclose verification of student status.)

Affiliate - Annual Dues **\$50.00**: For Organizations supporting IRID.

Donation to IRID: \$ _____ for: **General**, **Professional Development**, **Lending Library**, **Other**

Prorated membership of \$10.00 after March 1. (For new members only)

Multi-year payment options: Two years Three years Four years Five Years

- * Member of the Illinois-RID Yahoogroup. Receive workshop info, updates, events, communicate with colleagues.
- * Receive IRID newsletters and reduced fees for IRID workshops, conventions, and IRID sponsored activities.
- * Participate in the IRID Scholarship Program for the RID performance exam subject to the eligibility guidelines published on the website.
- * Have access to various information resources as may be available from IRID.— Lending Library.

Mail membership form and make checks/money order payable to: **I.R.I.D.**
IRID Membership c/o Rachel Horan ~ P.O. Box 8357 ~ Rolling Meadows, IL 60008-8357
Any member submitting a check returned for NSF will be charged a \$25.00 NSF fee.