

Central New York Registry of Interpreters for the Deaf
ANNUAL MEMBERSHIP APPLICATION
July 1, 2011 to June 30, 2012

Please mail this form with your check to: P.O. Box 461, Camillus, NY 13031

CNYRID is an affiliate chapter of the RID, Inc.
Serving the Central New York Deaf and Hearing Communities Since 1972

Name: _____ **Home Phone:** _____ **V/TTY**

Address: _____ **Work Phone:** _____ **V/TTY**

_____ **E-mail:** _____

CNYRID Information sent by mail: Yes _____ No _____ or by e-mail: Yes _____ No _____

(Note: Please add \$ 5 to your dues for mailed newsletters.)

Do you give permission to send your information to the RID, Inc.? Yes _____ No _____

Payment Information: Make check payable to CNYRID

Membership Categories & Fees **Please check one:**

_____ **REGULAR VOTING MEMBER \$35.00**

You must be a national RID member in order to be a voting member of CNYRID.

_____ **SENIOR CITIZEN VOTING MEMBER \$21.00**

You are a voting member of national RID. (age 55 +)

_____ **ASSOCIATE NON-VOTING MEMBER \$ 35.00**

You are not a member of the national RID.

_____ **SENIOR CITIZEN ASSOCIATE NON-VOTING MEMBER \$21.00**

You are not a member of the national RID. (age 55+)

_____ **SUPPORTING MEMBER (Deaf) \$21.00**

This category is for Deaf individuals who support the CNYRID but who are not active in the interpreting profession. You must be a member of RID to vote in CNYRID.

_____ **FULL-TIME STUDENT MEMBER \$21.00**

You must be taking 12 credit hours.

You must be a member of RID to vote in CNYRID.

Summary of Membership

Amount of Dues: \$ _____

Mailing Fee: \$ _____

Donation to CNYRID:\$ _____

Total submitted: \$ _____

My signature below indicates that I have read and understand the RID Code of Ethics and agree to adhere to the RID Code of Ethics while I am a member of the CNYRID.

Signature

Date