



Membership Application

NHRID is a 501(c)(3) non-profit affiliate chapter of the Registry of Interpreters for the Deaf, Inc. (RID). Members include professional sign language interpreters, members of the Deaf community, interested persons and organizations. Members will be notified of meetings, workshops and activities of interest to NHRID via the NHRID Member Yahoo Group. As an NHRID member you are **required** to accept the invitation to the NHRID Member Group that will be sent to you upon receiving your membership application and payment. Dues are payable upon joining and will not be prorated. **Membership cycle runs January 1 – December 31.**

Name: _____ Date: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Pager: _____ Email: _____

**** Please note, an email address that accepts attachments is required for the NHRID Yahoo Group and the newsletter. ****

Please check all of the following that apply:

New Member – referred by: _____ Renewing Member Change of Contact Information

I am a current member of RID (for voting privileges). Member # _____

RID policy requires NHRID voting members (Certified, Associate and Student) to maintain membership in RID.

****Please include a copy of your current RID membership card.****

Please check the category that applies to you:

CERTIFIED- Individuals holding current certification recognized by RID.....Annual Dues \$30.00
Certification(s) held: _____

ASSOCIATE- Individuals engaged in interpreting or transliteratingAnnual Dues \$30.00
but not holding national certification

STUDENT- Any non-certified individual enrolled in anAnnual Dues \$25.00
interpreter preparation program. ****Please include a copy of your student ID.****

SUPPORTING-Individuals or organizations who support the purposesAnnual Dues \$25.00
and activities of NHRID but are not eligible for the above categories. (Non-voting)

Tax deductible contribution (optional) \$ _____

Total amount enclosed \$ _____

Please send your completed application form and check payable to NHRID to:

NHRID, c/o Membership, P.O. Box 5432 Manchester NH 03108

This form is valid from 7/1/2010 – 6/30/2011 – after this date please use updated form from our website www.nhrid.org

Office Use Only:

Date Received: _____ Check #: _____ Membership Card – Date Mailed: _____