



Registry of Interpreters for the Deaf, Inc.

## Application for Certification Reinstatement

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Affiliate Chapter: \_\_\_\_\_

Confidential Information:  Home Phone  Work Phone  Address  Fax  Email

### REINSTATEMENT CATEGORIES AND FEES: (Please Check One)

**One to Two Years Past Due**  
Upon approval, all outstanding dues and late fees must be paid in full in order for reinstatement to take effect.

**More Than Two Years Past Due**  
Upon approval, all outstanding dues and late fees must be paid in full in order for reinstatement to take effect.

### PAYMENT METHOD

MasterCard  VISA Check # \_\_\_\_\_ Money Order \_\_\_\_\_

Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Signature: \_\_\_\_\_

### PAYMENT INFORMATION

Membership Dues and Fees \$ \_\_\_\_\_

Special Interest Group (optional) \$ \_\_\_\_\_

Tax Deductible Contribution \$ \_\_\_\_\_

TOTAL Enclosed \$ \_\_\_\_\_

**CODE OF PROFESSIONAL CONDUCT STATEMENT:**  
By joining RID, a Member agrees to adhere to the NAD-RID Code of Professional Conduct.  
Signature: \_\_\_\_\_