



Application for Certification Reinstatement

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Fax: _____

Email: _____ Affiliate Chapter: _____

Confidential Information: Work Phone Home Phone Street Address FAX Email

REINSTATEMENT CATEGORIES AND FEES (please check one)

One to Two Years Past Due
Two Years Certified Dues and Fees - \$250.00
Late Fee - \$21.00 (non-refundable)

More Than Two Years Past Due
Two Years Certified Dues and Fees - \$250.00
Late Fee - \$52.00 (non-refundable)

TOTAL AMOUNT DUE: \$271.00

TOTAL AMOUNT DUE: \$302.00

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: _____

Please send to: RID National Office, 333 Commerce Street, Alexandria, VA 22314, Fax: 703-838-0454