



Registry of Interpreters for the Deaf, Inc.

EIPA Interpreter Special Membership Application

Fiscal Year 2010 (July 1, 2009 - June 30, 2010)

Name _____ Member # _____

Address _____

City _____ State _____

Zip/Postal Code: _____ Country _____

E-mail _____ Fax _____

Home Phone _____ Work Phone _____

Confidential Information: Home Phone Work Phone Address Fax E-mail

Demographic Information

List any RID Affiliate Chapters you belong to (Voting members must be a member of an affiliate chapter) _____

Would you like to be listed as a freelance interpreter? YES NO

Are you an NAD member? YES NO

I am: Deaf Hard of Hearing Deaf-Blind Hearing | Female Male

Check all that apply: African American/Black Asian American Pacific Islander Euro-American/White Hispanic/Latino(a) American Indian/Alaskan Native

Other Ethnic Origin _____

NAD-RID Code of Professional Conduct

By joining RID, you agree to adhere to the appropriate code of conduct. The Ethical Practices System applies to current individual members who are providing interpreting services and not to organizations or non-practitioners.

Application Instructions

Individuals must submit all required documentation and fees. Educational interpreting credentials will be listed as Ed:K-12.

Required Documentation:

- Copy of EIPA performance assessment showing a score of 4.0 or higher
- Copy of documentation showing a passing score on the EIPA written test

Fees

Includes RID membership with associated benefits and privileges.

New members:

Joining between: 4/1 and 9/30 \$125.00
 10/1 and 12/31 \$97.50
 1/1 and 3/31 \$70.00

Current members (with expiration date of 6/30/09 or higher):

Category: Associate member who **did not** pay ACET fee \$15.00
 Associate member who paid ACET fee \$0.00
 Certified member \$0.00

New member senior citizen discount: 72.00

For individuals 55 years of age or older. Must attach a copy of an I.D.

*Certified members must keep their annual membership current and satisfy Certification Maintenance Program (CMP) requirements to maintain certified status.

Payment Method

Check # _____ Money Order _____

MasterCard VISA

Card # _____

Expiration Date _____ Signature _____

Name on Card _____

Payment Information

RID Membership Dues & Fees _____

Tax Deductible Contribution _____

TOTAL Enclosed (U.S. Dollars Only) _____

Return Form to: Registry of Interpreters for the Deaf

333 Commerce St., Alexandria, VA 22314 • 703.838.0030 V • 703.838.0454 FAX • www.rid.org