

2020-2021
MEMBERSHIP FORM
JULY 1 - JUNE 30



Name: _____ RID Member #: _____
Address: _____
City: _____ State: _____ Zip Code: _____
E-mail: _____
Telephone: _____ Current Certifications: _____

I would like Membership to contact me about privacy.
All information except RID Member # may be shared in a public directory.

MEMBERSHIP CATEGORIES and FEES

Please select a box below to indicate your desired membership status for the year.

- Voting Certified Member**
Annual Dues: \$25.00
Any interpreter of American Sign Language and English who holds valid certification accepted by RID.
- Voting Associate Member**
Annual Dues: \$20.00
Individuals engaged in interpreting or transliterating that do not hold current NAD-RID certification.
- Non-voting Supporting Member**
Annual Dues: \$15.00
Any non-certified individual with an interest in supporting the purposes and activities of the organization, but does not meet eligibility requirements for Voting Certified or Voting Associate Member.
- Non-voting Student Member**
Annual Dues: \$10.00
A non-certified individual currently enrolled in a course of study in interpretation of American Sign Language and English.
- Non-voting Organizational or Institutional Member**
Annual Dues: \$15.00
Any Organization/Institution with an interest in supporting the purposes and activities of neRID.

Donations

neRID strongly supports the mission of NeAD and wants to demonstrate this support in a tangible way. If you would like to make a donation at this time, you can do so by adding an additional amount to your payment and neRID will pass that on to NeAD. Contributing at this point is voluntary and is not a requirement of membership.

Please use the additional funds indicated to support NeAD \$ _____

neRID is an organization that seeks to provide training and other benefits to its membership. Sometimes, nice things cost money and additional donations to neRID are gladly accepted. If you would like to make an additional donation to neRID, please add those monies to your payment.

Please use the additional funds indicated to support neRID \$ _____

By submitting this form and payment of membership dues, you agree to abide by the RID Code of Professional Conduct and are at least 18 years of age or older.

PAYMENT INFORMATION: Please make checks payable to neRID. Send to: neRID PO Box 134, Ashland NE 68003