



Registry of Interpreters for the Deaf, Inc.

# EIPA Interpreter Special Membership Application

Fiscal Year 2009 (July 1, 2008 - June 30, 2009)

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