



**Annual Membership Application
Membership Fiscal Year (July 1 2009-June 20, 2010)**

Colorado Registry of Interpreters for the Deaf
PO Box 151147
Lakewood, CO 90215-9147
www.coloradorid.org

CRID - Newsletter

Please email electronic copies
to: _____

- check here if you wish to
receive a hard copy

**Information to be kept
confidential**

Check all that apply.
Checked items will **not**
appear in the membership
directory

- Address
- Home phone
- Mobile phone
- VP
- Email

New Renewing Member

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ v/tty/both Mobile Phone: _____

VP: _____ Email: _____

Membership Categories and Dues

- Certified \$36.00 **Certifications held: _____
Current RID member: No Yes, Member # _____
 - Associate \$35.00 Individual engaged in interpreting/transliterating but
not holding National Certifications
- Chapter: Mile High Pikes Peak Northern Western Slope
- Available for freelance interpreting? (certified or associate members only)
- Yes No

Non-Voting Categories

- Organization \$52.00 Organization or agency supporting the purposes and
activities of CRID.
- Student \$16.00 Individual currently enrolled in an interpreter training
program (include proof of enrollment)
Name of ITP/IPP: _____

Payment Information

Membership
Dues \$ _____

Round Up Fundraiser
(optional \$4) \$ _____

Other Donations \$ _____

Total = \$ _____

Please make checks payable to
Colorado RID and mail to the
address listed above.

Applications and payment must be
received by November 1st, to
ensure that your member
information will be published in the
next CRID Membership Directory.

**** In following with RID, Inc and its CMP, individuals joining the Certified category must have one or more certifications recognized by RID as a "Certified Member of RID"**

By joining CRID, member agrees to adhere to the NID-RID Code of Professional Conduct.

I have read, understand and agree to adhere to the NAD-RID Code of Professional Conduct

_____ (signature) _____ (date)

I have read, understand and agree to adhere to the Term Protection as stated in HB09-1090 for the state of Colorado:

_____ (signature) _____ (date)

For Office use only

Date received _____ Amount _____ Ck# _____ Membership term: July 1, 20__ through June 30, 20__

Date membership card sent: _____