



# COLORADO REGISTRY OF INTERPRETERS FOR THE DEAF

## Annual Membership Application Membership Year (July 1, 2010 – June 30, 2011)

Colorado Registry of Interpreters for the Deaf  
PO Box 1877  
Broomfield, CO 80038

### Membership Information

New Member                      Renewing Member

Name: \_\_\_\_\_ Certifications: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Voice      TTY      VP

Mobile Phone: \_\_\_\_\_ Voice      Text      Both

Email: \_\_\_\_\_

(all news and updates are sent via email – please print clearly)

### Membership Categories and Dues

Voting Member    \$36.00 (must currently be a member of RID)  
RID Member # \_\_\_\_\_

#### Non-Voting Member Categories

Associate          \$36.00 Individual (currently not a member of RID)

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: \_\_\_\_\_

*Proration (only for first time new members):  
Oct-Jan: \$27, Feb-Apr: \$18, May-Jun: \$9*

Chapter:    Mile High      Pikes Peak      Northern      Western Slope

### Information to be kept confidential:

Checked items will **not**  
appear in the membership directory.

Address  
Phone  
Mobile phone  
Email  
Certifications  
All Information

### Payment Information

Membership  
Dues            \$ \_\_\_\_\_

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

Other Donations    \$ \_\_\_\_\_

Total = \$ \_\_\_\_\_

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

Form and payment must be received in a  
timely manner to ensure that your  
information will be published in the  
membership directory.

### Which setting(s) do you work it?

Educational  
VRS  
Community  
Legal  
Post Secondary  
Other \_\_\_\_\_

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 Title Protection as stated in HB09-1090 for the state of Colorado:

\_\_\_\_\_ (Signature) \_\_\_\_\_ (Date)

*(Electronic signatures are valid as original)*

### For Office Use Only:

Date received \_\_\_\_\_ Amount \_\_\_\_\_ Ck# \_\_\_\_\_ Membership term: July 1, 20\_\_ through June 30, 20\_\_

Date membership card sent: \_\_\_\_\_