



# Membership Application

Please print clearly!

<input type="checkbox"/> New Membership		<input type="checkbox"/> Renewing Membership	
First & Last Name			
Address			
City		State	ZIP +4
Preferred Phone Number		Please indicate: <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	Please indicate: <input type="checkbox"/> Voice <input type="checkbox"/> Text <input type="checkbox"/> Both <input type="checkbox"/> VP
Email Address		Credentials (certifications, EIPA scores, etc)	

## Membership Category Desired (check one)

<input type="checkbox"/> <b>Dual Member (\$35.00)</b>	Any interpreter or transliterator who is actively engaged in the interpretation of ASL and English and/or the transliteration of English AND a <u>member of RID</u> at any level.	RID Member Number
		Iowa License Number
<input type="checkbox"/> <b>State Associate Member (\$35.00)</b>	Any interpreter or transliterator who is actively engaged in the interpretation of ASL and English and/or the transliteration of English but is <u>NOT a member of RID</u> .	Iowa License Number
<input type="checkbox"/> <b>Supporting Organization (\$210.00)</b>	Any organization with an interest in supporting the mission and objectives of this organization	Organization Name
<input type="checkbox"/> <b>Student Member (FREE)</b>	Anyone who is currently enrolled in an Interpreter Training Program (ITP).	ITP
		ITP Phone Number
<input type="checkbox"/> <b>Supporting Member (\$40.00)</b>	Any individual with an interest in supporting the mission and objectives of ISRID and who does not meet the eligibility requirements for other categories.	

By joining ISRID, a member agrees to adhere to the NAD/RID Code of Professional Conduct. This code of conduct applies to current individual members who are providing interpreting services and not to organizations or non-practitioners.

- I need sponsorship this year
- I would like to sponsor another interpreter. Enclosed in an extra \$\_\_\_\_\_ for that.

**FOR NEW MEMBERS ONLY:** Membership dues are prorated by half the amount listed above for new members joining ISRID from January 1<sup>st</sup> through June 30<sup>th</sup> only.

Email questions to <a href="mailto:isridmembership@gmail.com">isridmembership@gmail.com</a> Make checks payable to <b>ISRID</b> and return with the completed application to:	Lauren Mills ISRID Membership Coordinator 3410 NW Casablanca Ln, Apt #201, Ankeny, IA 50023
--	--