



Minnesota Registry of Interpreters for the Deaf

2010-2011 Membership Form

July 1, 2010 to June 30, 2011

APPLICANT INFORMATION		
Name		
<small>LAST</small>	<small>FIRST</small>	<small>MIDDLE</small>
Address		
City	State	Zip
County	Region <input type="checkbox"/> Northern <input type="checkbox"/> Southern <input type="checkbox"/> Central <input type="checkbox"/> Metro (Check one)	
Phone	<small>t/text/vp</small>	Alt phone
		<small>t/text/vp</small>
Email		<input type="checkbox"/> Request publications be sent to your mailing address.
Certification(s)		Check to remain unlisted <input type="checkbox"/> Address <input type="checkbox"/> Phone <input type="checkbox"/> E-mail
Membership type	<input type="checkbox"/> New <input type="checkbox"/> Renewing	<i>Names and certifications are included in the directory. Information in the directory is subject to approved distribution to outside requests.</i>
MEMBERSHIP CATEGORY		
<input type="checkbox"/> \$25 Certified	<input type="checkbox"/> \$25 Associate	<input type="checkbox"/> \$15 Student
<input type="checkbox"/> \$15 Supporting	<input type="checkbox"/> \$40 Organization: Name _____	
Are you a national RID member?	<input type="checkbox"/> Yes: RID # _____	<input type="checkbox"/> No: Apply at www.rid.org
AREAS OF INTEREST		
<input type="checkbox"/> Business/Corporate	<input type="checkbox"/> Conference/Platform	<input type="checkbox"/> DeafBlind
<input type="checkbox"/> Deaf interpreting	<input type="checkbox"/> Education (K-12)	<input type="checkbox"/> Education (post-secondary)
<input type="checkbox"/> GLBT	<input type="checkbox"/> Legal	<input type="checkbox"/> Medical
<input type="checkbox"/> Mental health	<input type="checkbox"/> Mentoring	<input type="checkbox"/> Performing arts
<input type="checkbox"/> Recovery/12 Step	<input type="checkbox"/> Religious/Spiritual	<input type="checkbox"/> Other _____
MEMBER INVOLVEMENT		
MRID depends on its members to operate. Would you like information about serving MRID? <input type="checkbox"/> Yes <input type="checkbox"/> No		
DONATIONS		
<i>Please check any donations you would like to make and fill in the amount.</i>		
<input type="checkbox"/> \$ _____ General Fund <i>This supports the outreach efforts, committees, and general operating costs of MRID</i>	<input type="checkbox"/> \$ _____ Educational Interpreter Scholarship <i>Helps offset expenses for an educational interpreter sitting for certification</i>	<input type="checkbox"/> \$ _____ Leo Latz Humanitarian Award <i>This supports the outreach efforts, committees, and general operating costs of MRID</i>
<input type="checkbox"/> \$ _____ Mentorship Scholarship <i>Helps offset costs for Deaf and interpreter mentors</i>	<input type="checkbox"/> \$ _____ Pioneer Scholarship <i>Helps offset educational expenses for approved interpreting programs</i>	<input type="checkbox"/> \$ _____ Other <i>Such as conferences, events, etc.</i>
PAYMENT		
<i>Make checks payable to MRID and send to MRID Membership • PO Box 4414 • St. Paul, MN 55104</i>		
Membership fee(s) \$ _____		
Donations \$ _____		
Total enclosed \$ _____		

Signature _____

After your membership has been processed, you will receive an email confirmation. Thank you for supporting your professional organization.