



Iowa State Registry of Interpreters for the Deaf Membership Application

Please print clearly!

<input type="checkbox"/> New Membership		<input type="checkbox"/> Renewing Membership	
First & Last Name			Check the circle (○) in front of each item you wish to keep confidential.
○			
Address			
○			
City		State	ZIP +4
Preferred Phone Number		Please indicate:	Please indicate:
○		<input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> Cell	<input type="checkbox"/> Voice <input type="checkbox"/> TTY <input type="checkbox"/> Both
Email Address		Credentials (certifications, EIPA scores, etc)	
○		○	

Membership Category Desired (check one)

<input type="checkbox"/> Voting Member (\$25.00)	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"/> Associate Member (\$25.00)	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"/> Student Member (\$15.00)	Anyone who is currently enrolled in an Interpreter Training Program (ITP).	ITP ITP Phone Number
<input type="checkbox"/> Supporting Member (\$30.00)	Any individual or organization with an interest in supporting the mission and objectives of ISRID and who does not meet the eligibility requirements for Voting or Associate Member 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.

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

Any questions please email hayesinterp@aol.com or call (515) 669-7817. Make checks payable to ISRID and return with the completed application to:	Ellen Hayes, BS, CI/CT ISRID Member Coordinator P.O. Box 244 Johnston, IA 50131
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