Central New York Registry of Interpreters for the Deaf
ANNUAL MEMBERSHIP APPLICATION
July 1, 2017 to June 30, 2018

Please mail this form with your check made out to CNYRID to: P.O. Box 461, Camillus, NY 13031

CNYRID is an affiliate chapter of the RID, Inc.
Serving the Central New York Deaf and Hearing Communities Since 1972

Name: _____ Home Phone: _____V/VP

Address: _____ Work Phone: _____V/VP

_____ E-mail: _____

CNYRID Information sent by mail: Yes _____ No _____ or by e-mail: Yes _____ No__
(Note: Please add $ 5 to your dues for mailed newsletters.)
Do you give permission to send your information to the RID, Inc.? Yes_____ No_____

Membership Categories & Fees Please check one:

___ REGULAR VOTING MEMBER $35.00
You must be a national RID member in order to be a voting member of CNYRID.

___ SENIOR CITIZEN VOTING MEMBER $21.00
You are a voting member of national RID. (age 60 +)

___ ASSOCIATE NON-VOTING MEMBER $ 35.00
You are not a member of the national RID.

___ SENIOR CITIZEN ASSOCIATE NON-VOTING MEMBER $21.00
You are not a member of the national RID. (age 60 +)

____ SUPPORTING MEMBER (Deaf) $21.00
This category is for Deaf individuals who support the CNYRID
but who are not active in the interpreting profession.
You must be a member of RID to vote in CNYRID.

___ FULL-TIME STUDENT MEMBER $21.00
You must be taking 12 credit hours.
You must be a member of RID to vote in CNYRID.

Summary of Membership

Amount of Dues:	$ _____
Mailing Fee:	$ _____
Donation to CNYRID:	$ _____
Donation to the Scholarship Fund:	$ _____
Total submitted:	**$ _____**

My signature below indicates that I have read and understand the RID Code of Ethics and agree to adhere to the RID Code of Ethics while I am a member of the CNYRID.

Signature: _____ Date: _____