 Tennessee Registry of Interpreters for the Deaf

[www.tennrid.org](http://www.tennrid.org)

Annual Membership Application

*Membership Fiscal Year July 1- June 30*

☐ **New Membership** ☐ **Renewal**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**District** (check one) ☐Nashville ☐Chattanooga ☐Knoxville ☐Memphis ☐ Northeast

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Address** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**City, State, Zip** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **E-mail** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Certifications Held \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_**

**\*NOTE: Your name and district will be listed on the website Member Directory unless told otherwise.**

**MEMBERSHIP CATEGORY** Check One

☐Certified\Associate VOTING $30.00

☐Supporting\Student NON-VOTING $20.00

☐Organizational NON-VOTING $50.00

**Dues $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Donation $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total amount paid $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Make checks payable to* ***TRID***

*Submit your Membership Application by mail to:*

**TRID Treasurer**

**Ruann Wood**

**P.O. Box 30222**

**Knoxville, TN 37930**

**Check all that apply**

I am also a member of:

☐RID Member #\_\_\_\_\_\_\_\_\_\_\_\_

☐NAD

☐World Assoc. of Sign Lang. Interpreters

☐Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A copy of the NAD-RID Code of Professional Conduct is available at** [**www.rid.org**](http://www.rid.org)

**By signing below, I affirm that I have read and agree to the NAD-RID Code of Professional Conduct.**

**Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

The Ethical Practices System applies to current individual members who are providing interpreting services  
and not to organizations or non-practitioners.

\*\*Office use only: Date:\_\_\_\_\_\_\_\_\_\_ Amount$\_\_\_\_\_\_\_\_\_\_\_\_ Check # \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cash \_\_\_\_\_\_\_\_\_\_\_