



Oklahoma Registry of Interpreters for the Deaf, Inc.

MEMBERSHIP APPLICATION Date: _____

New Member Renewal Membership period is July 1 thru June 30

Name _____

RID Member # _____ QAST/EIPA Level _____

MUST BE A RID MEMBER IN GOOD STANDING TO BE VOTING MEMBER

Address _____

City _____ State _____ ZIP _____

Wk phone (____) _____ (V/Text) Home phone (____) _____ (V/TTY)

Mobile (____) _____ Fax or IP (____) _____

Email _____

Please indicate preferred method to receive correspondence concerning the organization:

EMAIL _____ MAIL _____

CHECK APPROPRIATE MEMBERSHIP CATEGORY

____ VOTING MEMBER - **\$15.00/yr**
Eligibility - **MUST BE A RID VOTING MEMBER** (Certified or Associate) IN GOOD STANDING TO QUALIFY FOR OKRID VOTING MEMBERSHIP.

____ NON-VOTING MEMBER - **\$25.00/yr**
Eligibility - FOR THOSE INDIVIDUALS SEEKING MEMBERSHIP WHO ARE **NOT VOTING MEMBERS OF RID**

____ NON-VOTING MEMBER/STUDENT - **\$10.00/yr**
Eligibility - FOR STUDENT MEMBERS ONLY—**CURRENT COPY OF YOUR STUDENT I.D. OR LETTER OF VERIFICATION FROM YOUR EDUCATIONAL INSTITUTION MUST BE INCLUDED WITH APPLICATION.**

PAYMENT INFORMATION

Membership Fee \$ _____

Tax Deductible Donation to the OKRID General Fund \$ _____

Tax Deductible Donation to the Donna Hayes Memorial Scholarship Fund \$ _____

TOTAL ENCLOSED PAYABLE to **OKRID, Inc.** \$ _____

Mail completed application along with supporting documents (if applicable) to:

Jerri Smith
OKRID Treasurer
704 SE 34th Street
Moore, OK 73160

For more information: www.okrid.org ~ Email: jerri25@sbcglobal.net

Membership Application - OKRID website