



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
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 _____