



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  
PO Box 32012  
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 \_\_\_\_\_