



Membership Application

Membership year July 1, 20____ - June 30 20____

New Member

Renewal

Address/Info Change

Name: _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ V/TTY Work Phone _____ V/TTY

Cell Phone: _____ V/TTY Other: _____

E-mail Address: _____

Interpreting Certification(s): _____

Please check one:

Deaf

Deaf-blind

Hard-of-hearing

Hearing

Are you a member of national RID (other than Trial membership)? Yes ___ No ___

***You must be a member of RID in order to be a voting member of AKRID.**

(Applications for RID can be found at www.rid.org)

By joining AKRID, a member agrees to support the objectives of the organization and to follow the RID Code of Professional Conduct.

Annual Dues = \$25.00
(July 1–June 30)

Total Enclosed \$ _____

**Make checks payable to
AKRID.**

Mail application and payment to:

**AKRID
PO Box 202010
Anchorage, AK 99520-2010**

Visit us on the web at
www.akrid.org

Thank you for joining!

Once your form is received and processed, you will receive a membership card as proof of membership.

AKRID USE ONLY	Date rec'd:	Check #:	Amount \$		