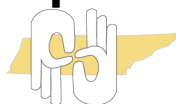


NORTHEAST TENNESSEE Registry of Interpreters for the Deaf



Membership Application

Date: _____ Name: _____

Address: _____

E-mail: _____

Phone(s): Home _____ Work _____

Membership (Check all that apply):

National RID _____ TRID _____ Other State Affiliates _____

Reason for Interest:

____ Interpreter (Please list certifications held, status in working toward certification, and/or briefly describe your training/interpreting history)

____ Sign Language Student _____

____ Special Interest _____

Please list any topics of interest for future workshops/meetings:

Dues are payable July 1 of the current fiscal year.

Please make check payable to NETRID. Mail with application to:

Local NETRID \$ 9.00
State TRID \$ 16.00
TOTAL \$ 25.00

Jenny Page, Secretary
NETRID
P O Box 70605
Johnson City, TN 37614

For office use: Payment date _____ Ck/MO# _____ Cash _____
_____ Amt _____