

**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**

NETRID Treasurer  
2243 Eddie Williams Dr.  
Johnson City, TN 37601

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