

Print this form, fill it out and mail it to:
SARID
PO Box 460852
San Antonio, TX 78246

S.A.R.I.D.
San Antonio Registry of Interpreters for the Deaf
Membership Application

Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

E-Mail Address: _____

Certifications Held: _____

Are you a member of:

TSID? Yes / No

RID? Yes / No

Comments: _____

Membership Level Desired: (please check one)

_____ **Regular Certified Member \$15.00/year**

(Regular Member: Those persons, age 18 or over, who pay Regular Membership dues in both SARID and TSID shall have voting privileges in SARID and TSID; may serve as SARID's Chapter Representative to the TSID Executive Board; may be elected to office in both SARID and/or TSID. Each Regular Member shall have 2 votes.)

_____ **Associate Member \$15.00/year**

(Those persons, age 18 or over, who pay current Associate membership dues shall have voting privileges in SARID.; may be elected to office in SARID, may serve on committees in SARID and TSID: may not serve as SARID's Chapter Representative to TSID's Executive Representative to TSID's Executive Board. Each Associate Member shall have 1 vote.)

_____ **Chapter Member \$12.00/year (No votes)**

(Those persons, age 18 or over, who pay current Chapter Membership dues; are interested in and supportive of SARID shall not hold office nor vote.)

_____ **Student Member \$8.00/year (No votes)**

(All persons currently enrolled in a course of study in the field of deafness or sign language. The student members shall pay student dues in the local chapter. Student members shall not vote and shall not hold office.)

I will abide by the RID Code of Ethics. I am 18 years of age or older.

Signature: _____

Date: _____

For SARID Office Use:

Received: _____

Approved: _____ Denied: _____

Comments: _____