

**Arkansas Registry of Interpreters for the Deaf  
Membership Form**



Name \_\_\_\_\_

Agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ voice    video    tty

Fax \_\_\_\_\_

Email Address \_\_\_\_\_

|                                      |  |
|--------------------------------------|--|
| Voting Member (2009-10): \$35.00     |  |
| Supporting Member (2009-10): \$25.00 |  |
| Voting Member (2010-11): \$35.00     |  |
| Supporting Member (2010-11): \$25.00 |  |
| Donation:                            |  |
| Total:                               |  |

RID Membership #: \_\_\_\_\_

\_\_\_ I understand that by joining ARID, I agree to abide by the RID Code of Ethics.

**Make your check or money order in the amount of \_\_\_\_\_ payable to ARID**

Print this form and mail to:

ARID  
ATTN: Elise Kirkpatrick, Treasurer  
P O Box 46511  
Little Rock, Arkansas 72214-6511