NMRID
Member Form

NMRID

New Mexico Registry of Interpreters for the Deaf

Personal Information (please print clearly)

Name _____ _____
First **Last**

Address _____

_____ _____ _____
City **State** **Zip**

Phone _____ _____
Home **Mobile**

_____ _____
E-Mail Address

NMRID Member Directory

Please circle any information that you do not want included in the directory:
Name
Location (ie, Belen, NM)

Your email address will be concealed from spammers and only visible when someone emails you.
May we include your email address?
Yes **No**

Credentials
Circle all that apply

RID Certificates
CI **CT** **CDI** **SC:L** **OTC**

CSC **IC** **TC** **RSC**

NIC: **Cert.** **Adv.** **Master**

NAD Level: **3** **4** **5**

EIPA Level: _____

☐ **Check here if you are an RID member**
RID Member number _____

Membership Categories
(check one)

☐ **Certified $20**

☐ **Associate $20**

☐ **Student $15**

☐ **Supporting $15**

☐ **Organizational $30**

***If you join between March-June the pro-rated dues are $5.00**

Code of Professional Conduct

I have read and agree to adhere to the NIC Code of Professional Conduct

_____ _____
Signature **Date**

For office use only
Date Received _____
Dues Expire _____
Check # _____
Check Amt $ _____
Cash Amt $ _____
Date added DB _____
Date added Website _____

Return to:

NMRID
Attn: Membership
PO Box 30611
Albuquerque, NM 87190

Payment Summary

Membership **$** _____

Tax Deductible Donation $ _____

Total Enclosed **$** _____