

GENESEE VALLEY REGION REGISTRY OF INTERPRETERS FOR THE DEAF

PO BOX 23672 ROCHESTER, NY 14692-3672 ~ www.gvrrid.org



Alternate Membership Application

Please join or renew online at www.gvrrid.org

Valid for one calendar year from date received – renewable annually

By joining GVRRID, member agrees to adhere to the RID Code of Professional Conduct and GVRRID Bylaws.

Contact Information

Please print neatly and fill out the form completely

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____

Cell phone: _____

Email: _____

I DO NOT WANT GVRRID E-news! (check the box if you do not wish to receive announcements electronically)

Member Status

Membership categories are fully described in the bylaws, available online at www.gvrrid.org

Are you a current member of RID? YES NO RID Membership # _____

Certified - \$40.00/yr (Senior Citizens - \$35.00/yr for those ages 55 and up)
Individuals engaged in interpreting or transliterating who hold RID Certification.

List Certification(s) held _____

Associate - \$30.00/yr (Senior Citizens - \$25.00/yr for those ages 55 and up)
Individuals engaged in interpreting or transliterating but who do not yet hold RID Certification.

Student - \$15.00/yr (Senior Citizens - \$10.00/yr for those ages 55 and up)
Individuals who are enrolled full time in an interpreting training program.

Supporting - \$25.00/yr (Senior Citizens - \$20.00/yr for those ages 55 and up)
Individuals who support GVRRID but do not engage in interpreting or transliterating activities.

Organizational – Non-profit/institute-\$50.00/yr Profit- \$150.00/yr
Organizations or businesses with an interest in supporting the goals, purposes and activities of GVRRID, Inc.
Does not have voting privileges. Display its logo on GVRRID website linked to organization’s website.

PAYMENT INFORMATION

Make check payable to:
Genesee Valley Region RID or GVRRID
Mail to: GVRRID
P.O. Box 23672
Rochester, NY 14692

- Cash
- Check # _____
- Money Order # _____

Office use Only: Date Received _____ by _____ Amount: \$ _____

Payment Method