

# GaRID Membership Application

**July 1 - June 30**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Voice and/or Text \_\_\_\_\_

Email: \_\_\_\_\_

Choose Membership Level: Business: \$100 \_\_\_\_\_ Individual: \$32.00 \_\_\_\_\_

Are you willing to share contact information with those seeking an interpreter?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

Credentials (Thank you for specifying certification/rating below):  
RID \_\_\_\_\_ NAD \_\_\_\_\_ EIPA \_\_\_\_\_ Other \_\_\_\_\_

Are you currently a member of RID? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, what is your RID member number? \_\_\_\_\_  
(In accordance with GaRID by laws, Associate or Certified RID members are designated as GaRID "voting members".)

Are you interested in a Committee or Member Section? \_\_\_\_\_ Yes \_\_\_\_\_ No  
[For a description of Committees and Member Sections, see GaRID website "About Us" tab.]

## Committees

- \_\_\_\_ Conference
- \_\_\_\_ Professional Development
- \_\_\_\_ Certification Maintenance
- \_\_\_\_ Membership
- \_\_\_\_ Mentorship

Please mail application and dues to:  
GaRID Membership  
P. O. Box 4341  
Valdosta, GA 31604

## Member Sections

- \_\_\_\_ Educational
- \_\_\_\_ Freelance
- \_\_\_\_ Religious
- \_\_\_\_ Deaf Blind

Thank you for joining GaRID!