



Membership Application

Membership Cycle _____

Application for: _____ Renewal _____ New Member

Name				
Phone				
Email				
Address				
City		State		Zip Code
Member Since		Birthday		
RID Number		License	DSPS: _____	DPI: _____
Certifications (RID, NAD, BEI)		WITA	I: _____	T: _____
EIPA Score		Highest Degree Achieved	HS or GED	BA / BS / BFA
			AA / AS / AAS	MA / MS / MBA
		Other: _____		

Please check which membership category you are applying for

<input checked="" type="checkbox"/>	Membership Category	Dues	Description	RID Membership
	Regular	\$24.00	Member of RID, voting rights, can apply for scholarships	Required
	Associate	\$24.00	Not a member of RID; no voting rights, can apply for scholarships	Not Required
	Student	\$18.00	Current ITP student; proof of enrollment required, can vote for student liaison only, can apply for scholarships	Not Required
	Organization	\$27.00	Business or Organization; appoint representative to vote*	Not Required
	Supporting	\$10.00	Public member; no voting rights, no access to scholarships (Deaf community member, ASL student, etc.)	Not Required
	Honorary	Free Lifetime	Honored members for their long time service to field and/or WisRID (listed in bylaws)	Required for Voting rights

***Name of Appointed Representative for Voting (Org Member):**

Donation

WisRID is a registered 501(c)3 organization. All donations are tax-deductible. Please indicate if you want your donation used towards a specific fund otherwise check "General Fund"

Donation Amount: \$ _____ ___ General Fund ___ Leo Dicker Memorial Fund ___ Hedy Miller Memorial Fund

Opt Out

___ I want the following Information excluded from the annual directory (circle all that apply):

name address phone number email address credentials

___ I do NOT want my name to be passed on to other organizations.

Signature _____ **Date:** _____

Send form and your check, payable to **Wisconsin RID**, to:
 Kallie Rank
 WisRID Interim Membership Secretary
 PO Box 370698, Milwaukee, WI. 53237-1798