



# MEMBERSHIP APPLICATION

|                                |   |                         |               |               |                    |
|--------------------------------|---|-------------------------|---------------|---------------|--------------------|
| Application Type               | RENEWAL _____ NEW MEMBER _____                                    |                         |               |               |                    |
| Membership Cycle               | SEPTEMBER 1 <sup>st</sup> , 20__ - August 31 <sup>st</sup> , 20__ |                         |               |               |                    |
| 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 | Other:<br>_____    |
|                                |   |                         | AA / AS / AAS | MA / MS / MBA |                    |

PLEASE CHECK WHICH MEMBERSHIP CATEGORY YOU ARE APPLYING FOR

| <input checked="" type="checkbox"/> | MEMBERSHIP CATEGORY | DUES          | DESCRIPTION  | RID MEMBERSHIP             |
|-------------------------------------|---------------------|---------------|--|----------------------------|
| <input type="checkbox"/>            | Regular             | \$24.00       | Member of RID, voting rights, can apply for scholarships   | Required                   |
| <input type="checkbox"/>            | Associate           | \$24.00       | Not a member of RID; no voting rights, can apply for scholarships  | Not Required               |
| <input type="checkbox"/>            | Student             | \$18.00       | Current ITP student; proof of enrollment required, can vote for student liaison only, can apply for scholarships | Not Required               |
| <input type="checkbox"/>            | Organization        | \$27.00       | Business or Organization; appoint representative to vote*  | Not Required               |
| <input type="checkbox"/>            | Supporting          | \$10.00       | Public member; no voting rights, no access to scholarships (Deaf community member, ASL student, etc.)            | Not Required               |
| <input type="checkbox"/>            | 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:  
Jody Brazeau Lopez  
WisRID Membership Secretary  
3234A S 13th St. Milwaukee, WI 53215