



WYRID MEMBERSHIP FORM

(Please print or type)

Name: _____ Rid Certification: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone Number: _____ Voice/TTY/ Both (circle one)

Work Phone Number: _____ Voice/TTY/ Both (circle one)

Cell Phone Number: _____ Voice/TTY/Both (circle one)

E-mail Address: _____ New membership Renewal

Birthday: _____ (month/day)

Membership fees are due before each year's Fall Conference Business Meeting

Membership Category Desired

_____ **Voting Member (\$35)**

Individuals engaged in interpreting or transliterating, certified or non-certified.

*Board members must have RID membership.

_____ **Supporting Member/Non-voting (\$25)**

Individuals who support WYRID but are not actively engaged in interpreting or transliterating.

_____ **Organizational Member/Non-voting (\$35)**

Organizations with an interest in supporting WYRID's purposes and activities.

_____ **Student Member/Non-voting (\$17.50)**

Individuals enrolled in an Interpreter Training Program (ITP) or an Educational Interpreter Certificate Program (EICP). Must provide proof of enrollment.

Please make checks payable to **WYRID** and return with the completed application to:

Kevin Yarbrough
1010 Dayshia Lane
Cheyenne, WY 82007
307-221-3457 (cell)
kyarbrough@lccc.wy.edu