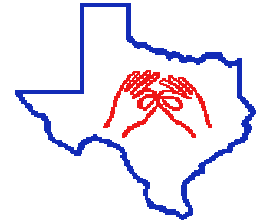


Membership Application



Address Change

Please print neatly and legibly.

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Pager: _____

E-mail for contact: _____

E-mail for TSID-L: _____

Local Chapter: _____

First year I became a member of TSID: _____

I am also a member of: RID NAD TAD

Referred by: _____

Donations:

Don England Trust Fund: \$ _____

Fran Herrington-Borre Mentorship Program \$ _____

Jonnie Duncan Student Trust Fund: \$ _____

TSID \$ _____

New Member
 Renewing Member

Deaf
 Hard of Hearing
 Hearing

American Indian / Alaskan Native
 Asian American
 Black / African American
 Hispanic
 White / Euro-American
 Other

Certified Member **Two votes \$35.00 X 1 _____ yrs**

Certifying Body **Certification(s)**

DARS-DHHS/BEI _____

RID _____

NAD _____

Other: _____

- Membership Term is from July 1 to June 30.
- You must be 18 years or older to join.
- Dues must be paid sixty days prior to any TSID business meeting to be eligible to vote.
- Only Certified and Associate Members may pay for more than one year at a time.
- No prorated memberships.

Associate Member **One vote \$35.00 X 1 _____ yrs**

• For individuals that do not have any type of interpreter certification/license. Individuals possessing an interpreting certification/license must join as a Certified Member.

Supporting Member **No vote \$25.00**

• For individuals that do not have any type of interpreter certification/license. Individuals possessing an interpreting certification/license must join as a Certified Member.

Student Member **No vote \$15.00**

• Requires a letter from your ITP instructor on official letterhead, verifying that you meet the definition of a student member.

• Automatically member of the Student SIG.

Organizational Member **No vote \$100.00**

Special Interest Groups (SIGS)	
<input type="checkbox"/> Contract Interpreters	\$5.00
<input type="checkbox"/> Educational Interpreters	\$10.00
<input type="checkbox"/> Interpreter Coordinators	\$0.00
<input type="checkbox"/> Interpreter Educators	\$5.00
<input type="checkbox"/> BLeGIT	\$0.00
<input type="checkbox"/> Multicultural	\$5.00
<input type="checkbox"/> Religious	\$5.00
<input type="checkbox"/> Student	\$0.00

Total Enclosed:
 \$ _____

Mail Application and Payment to:
TSID - Membership
P.O. Box 684728
Austin, TX 78768-4728

Make checks payable to TSID.
 TSID will charge \$25 in addition to the TSID bank fees incurred for returned checks.