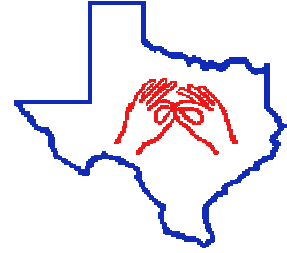


Membership Application



Address Change *Please print neatly and legibly.*

Name: _____

Address: _____

City: _____ **State:** ____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____

Work Phone: _____ **Pager:** _____

Contact E-mail: _____

TSID-L E-mail: _____

Referred by: _____

Local Chapter: _____

First year I became a member of TSID: _____

I am also a member of: **RID** **NAD** **TAD**

Donate to the Don England Trust Fund: \$ _____

Donate to the Jonnie Duncan Student Trust Fund: \$ _____

<input type="checkbox"/> New Member
<input type="checkbox"/> Renewing Member

<input type="checkbox"/> Deaf
<input type="checkbox"/> Hard of Hearing
<input type="checkbox"/> Hearing

<input type="checkbox"/> American Indian / Alaskan Native
<input type="checkbox"/> Asian American
<input type="checkbox"/> Black / African American
<input type="checkbox"/> Hispanic
<input type="checkbox"/> White / Euro-American
<input type="checkbox"/> Other

If you have historical information about TSID, please submit it on a separate piece of paper or send email to history@tsid.org.

- 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.

Certified Member **Two votes** **\$30.00 X _____yrs**

Certifying Body

Certification(s)

DARS-DHHS/BEI _____

RID _____

NAD _____

Other: _____

Associate Member **One vote** **\$30.00 X _____yrs**

Supporting Member **No vote** **\$20.00**

Student Member **No vote** **\$10.00**

- 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.

Special Interest Groups (SIGS)

<input type="checkbox"/> Contract Interpreters	\$0.00
<input type="checkbox"/> Educational Interpreters	\$5.00
<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

Gift Membership From:

Name: _____

Address: _____

City: _____

State: _____ **Zip:** _____

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.