

# Coastal RID

An Affiliate Chapter of Registry of Interpreters for the Deaf, Inc.

Name: \_\_\_\_\_

Address:      Last                                      First                                      MI  
\_\_\_\_\_

Home Phone: \_\_\_\_\_ v/tty/both      Cellular Phone: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

Work Phone: \_\_\_\_\_ v/tty/both      Pager: \_\_\_\_\_

E-mail: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Member of NCRID, Inc.? \_\_\_\_\_ Member of RID, Inc.? \_\_\_\_\_

Classification/ Certifications (if applicable): \_\_\_\_\_

Education: \_\_\_\_\_

Check all that apply:

- Hearing  Deaf  Hard of Hearing  Interpreter  Have Deaf Relative  Male  Female  
 African-American  Caucasian  Hispanic-Latino  American-Indian  Other

Comments: (What are your expectations, hopes and/or goals for joining Coastal RID?)  
\_\_\_\_\_  
\_\_\_\_\_

**Code of Ethics Statement:**

**I have read, understand and agree to adhere to the RID Code of Ethics.**

Signature: \_\_\_\_\_

**Annual Membership Fee is due June 30, 2002.**

**Voting member: \$10.00       Non-Voting (Supportive) Member: \$7.00**

Information to be kept confidential: \_\_\_\_\_

Please return application form with check or money order payable to:

**Coastal RID (Membership)  
c/o Tara Thomas, President  
1513 Faulkenberry Rd.  
Wilmington, NC 28409**

Date Received:	Received By:	Amount:	Check Date:	Check No.
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