



# Utah Registry of Interpreters for the Deaf

*Servicing Sign Language Interpreters and the Deaf Community Throughout the State of Utah*

5709 S. 1500 W. SLC UT 84123 [www.utrid.org](http://www.utrid.org)

## MEMBERSHIP APPLICATION

### Applicant Information

Name \_\_\_\_\_  Hearing  Deaf  HoH

Current Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

### Contact Information

Phone \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Pager \_\_\_\_\_ Other \_\_\_\_\_

Please place "\*" next to any contact information you wish to keep private.

Otherwise, name, city, phone, email, and certification information is posted on our website: [www.utrid.org/members.html](http://www.utrid.org/members.html)

Are you a current member of National RID?  Yes Member #: \_\_\_\_\_  No

*(To have election voting rights you must be a member of both National RID and UTRID)*

### Certifications

**RID:**  CI  CT  CDI  SC:L  OTC  Other \_\_\_\_\_

**NAD:**  I  II  III  IV  V  Other \_\_\_\_\_

**CUED:**  Provisional  CLTSLA 1  CLTSLA 2  CLTSLA 3  CLTSLA 4  TSC

**UTAH:**  Provisional  Novice  Intermediate  Master

**EIPA:** Education Level \_\_\_\_\_ Language \_\_\_\_\_ Score \_\_\_\_\_

**ITP/IPP ENROLLMENT:** Location \_\_\_\_\_ Prospective Graduation Date \_\_\_\_\_

**Committee Involvement:** Please check any committee(s) on which you would be willing to serve.

Fund-Raising  Deaf  Membership

Publications/Public Relations  Professional Development  Conference

**Membership:**  New Member  Renewing Member

UTRID Membership (\$30.00/year)  Organizational Membership (\$175.00/year)

Donation to UTRID General Fund \$ \_\_\_\_\_ Total Amount Enclosed \$ \_\_\_\_\_

*I have read, understand, and agree to abide by the RID Code of Ethics & Code of Professional Conduct.*

**Signature of Applicant** \_\_\_\_\_

Date \_\_\_\_\_