



# Mississippi Registry of Interpreters for the Deaf

P.O. Box 219  
Raymond, Mississippi 39154-0219

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

Address: \_\_\_\_\_

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

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### Membership Status (check one):

Regular \_\_\_\_\_ \$20  
Associate \_\_\_\_\_ \$10  
Student \_\_\_\_\_ \$10  
Organization \_\_\_\_\_ \$50

Membership dues are due in January each year. Prorated fees are for new members wishing to join for the remainder of the current year. Fees are prorated by quarters.

I am (check one) : \_\_\_\_\_ Deaf \_\_\_\_\_ Hard-of-Hearing \_\_\_\_\_ Hearing

Occupation: \_\_\_\_\_

Do you interpret? \_\_\_\_\_ Yes \_\_\_\_\_ No

### If yes, what types of interpreting do you do? (Check all that apply)

\_\_\_\_\_ Community  
\_\_\_\_\_ Religious  
\_\_\_\_\_ Educational  
\_\_\_\_\_ Medical  
\_\_\_\_\_ Legal  
\_\_\_\_\_ Other \_\_\_\_\_

Have you been screened to evaluate your interpreting skills? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please indicate Certification/QA Screening Level and date screening was achieved.

\_\_\_\_\_ MS QA \_\_\_\_\_  
\_\_\_\_\_ NAD \_\_\_\_\_  
\_\_\_\_\_ RID \_\_\_\_\_  
\_\_\_\_\_ Other \_\_\_\_\_

### Your active participation and support in MSRID will be appreciated.

Which day of the week and time would be more convenient for you to attend MSRID meetings? \_\_\_\_\_

Comments: \_\_\_\_\_