

NMRID Membership Form

Membership Subscription period is July 1st - June 30th

Personal Information (Please print clearly)

Name _____

Address _____

City _____ State _____ Zip _____

Email _____

RID Member Number _____

Code of Professional Conduct

I have read and agree to adhere to the RID Code of Professional Conduct

Signature

Date

Membership Categories (please check one):

_____ Certified \$20

_____ Associate \$20

_____ Student \$15

_____ Supporting \$15

_____ Organizational \$30

Payment Summary

Membership Dues \$ _____

Tax Deductible Donation \$ _____

Total Enclosed \$ _____

Make Checks payable to NMRID. Mail the form and check to:

NMRID
Attn: Membership
PO Box 30611
Albuquerque, NM 87190