



The National Alliance of Black Interpreters, Inc.
P. O. Box 5630
Evanston, IL 60204-5630

WWW.NAOBI.ORG

Membership Application (January 2005 – December 2005)

Please Print Clearly Using Black or Blue Ink

Check all that apply: New Renewal # _____ (Member #) Address Change						
Cultural Identification (Optional): Please List all that apply: _____						
Check One: Hearing Hard-of-Hearing Deaf Deaf-Blind						
Check One: Male Female						
Last Name:			First Name:		M. I.:	
Address:						
City:			State/Province:		Zip Code:	
E-mail:						
Home Number:			Voice	TTY	Both	
Work Number:			Voice	TTY	Both	
Other Number:			Voice	TTY	Both	Mobile Fax Pager
Please check here if you wish to have some or all of your information listed in the NAOBI, Inc. Directory.						
Name	Street Address	City/State/Zipcode	Email	Home Number	Work Number	Other Number
Region: (Check One) Eastern Southern Western Midwestern Unknown						
Certification: IC TC IC/TC CSC RSC CDI SC:L OIC CI CT CI/CT CDP- _____						
NAD: III IV V _____			State Credentials: _____			

MEMBERSHIP CATEGORIES

<input type="checkbox"/> Full Member (\$40.00): An African-American/Black interpreter currently providing professional interpreting services. A full NATIONAL member will have ONE vote in all general membership elections and organizational business meetings.
<input type="checkbox"/> Student Member (\$25.00): An African-American/Black student currently enrolled in an accredited Interpreter Training Program (Please attach a letter from your ITP instructor on official letterhead, verifying your eligibility as a Student member.) Student members do NOT have voting privileges, but are encouraged to participate fully in the activities and discussion within the organization.
<input type="checkbox"/> Individual Supporting Member (\$40.00): An individual actively supporting the mission and goals of NAOBI. Supporting members do NOT have voting privileges, but are encouraged to participate fully in the activities and discussion within the organization.
<input type="checkbox"/> Organizational Supporting Member (\$100.): Any organization supporting the mission and goals of NAOBI. . Organizational members do NOT have voting privileges, but are encouraged to participate fully in the activities and discussion within the organization.
Dues must be paid 90 days before the annual conference in order to vote at the annual organizational business meeting. No exceptions will be made. Make check or money order payable to NAOBI, Inc. NAOBI, Inc. will charge \$25 in addition to NAOBI, Inc. bank fees incurred for returned checks. If you prefer to charge your dues, please contact Rodney Smith, Treasurer for more details at Treasurer@naobi.org
For Office Use Only: Date Received: _____ Amount Paid: _____ Check # : _____ Membership Number: _____ Membership Category: _____ Member Since: _____ Valid Until: _____

Please Check Each Committee For You Are Willing to Be An Active Participant:

Awards/Scholarships By - Laws Chapter Affiliate Liaison Nominations
Finance/Fundraising Conference/ Professional Development Membership
Technology/ Newsletter/ Marketing /Media

I _____ (Please, print your name.) will commit to a one/two-year term as a member of the above checked committee.

I am available to begin serving on this committee from _____ to _____

I am also interested in becoming a chairperson for the _____ committee

Please free to contact me at:

Phone: () _____ (Home/Work/Mobile) V TTY B

Email: _____ Region: _____

Signature: _____ Date: _____

PAYMENT OPTIONS

- CHECKS/MONEY ORDERS
- CREDIT CARD INFORMATION: (Visa or MasterCard)

Name on Credit Card: _____

Account Number: _____ Expiration Date: _____

Amount authorizing to charge: \$ _____

Signature: _____

MAIL COMPLETED APPLICATION TO:

The National Alliance of Black Interpreters, Inc.
Attn: Membership Chairperson
Post Office Box 5630
Evanston, IL 60204-5630