16/17 KyRID MEMBERSHIP (due July 1, 2016) MEMBERSHIP TERM IS JULY 1, 2016 TO JUNE 30, 2017

NAME:										
ADDRESS:										
CITY:			STATE:	ZIP COD	DE:					
PHONE:			RID Mbr #							
E-MAIL:										
	_ \$20.00 CERTIFIE	ED or ASSOCIATE mei	mber of KyRID							
	\$12.00 ITP STUDENT member of KyRID (MUST include copy of FULL-TIME student schedules \$12.00 SUPPORTING member of KyRID									
						\$12.00 ORGANIZATIONAL/INSTITUTIONAL member of KyRID donation to Norma Lewis Scholarship Fund (optional) donation to Carrie Mosley Distinguished Service Award Fund (optional) donation to Timothy 'Timo' Owens CDI Memorial Scholarship Fund (optional) TOTAL check here if you do not want your contact information to be shared				
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