

## California Court Reporters Association Membership Application

## **CONTACT INFORMATION:**

First Name:	Last Name:
CSR #:	
Address:	
City:	State: Zip:
Company Name:	Local Association:
Primary Phone: ( )	Cell Phone: ( )
Fax: ( )	E-mail:
Sponsored by:	
I am an: O Official O General/Freelance	O State Hearing Reporter
MEMBERSHIP TYPE: Membership will run 12 months from the last day of the	e month in which you joined and or paid.
<ul> <li>Regular Member — \$135         <ul> <li>I wish to apply for Regular Membership. I hold a valid California CSR license.</li> </ul> </li> <li>Participating Member — \$135         <ul> <li>I wish to apply for Participating Membership and meet one of the following qualifications:</li></ul></li></ul>	<ul> <li>Retired Member — \$58         <ul> <li>I have been a CCRA member in good standing for the last consecutive 10 years and have permanently retired from the active practice of shorthand reporting or from the active teaching of shorthand.</li> </ul> </li> <li>Student Member — \$30         <ul> <li>I do not qualify for Associate, Participating or Regular Membership. I am a student attending the following court reporting school:</li> </ul> </li> <li>Instructor Member — \$68         <ul> <li>I am an instructor in the court reporting program at:</li> </ul> </li> <li>I am a LACCRA Member.</li> </ul>
O Captioner	Please bill LACCRA \$50, I pay \$85.
PAYMENT INFORMATION: Please charge my membership on:  O MasterCard	○ Visa ○ Amex OR ○ Check is Enclosed
Card Number:	
Exp. Date:	CVV2:
Cardholder Name:	
Cardholder Signature:	
O YES! Please charge an additional \$ to to help fight ER. (If paying by check, please note in	my credit card for a Donation to the CCRA Special Fund the memo section CCRA Special Fund.) Thank You!

Join Online at www.cal-ccra.org or Mail Application to CCRA. Application may be faxed to (949) 715-6931.

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