

## 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:	<del></del>
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 month in which you joined and or paid.
O Regular Member — \$150	O Retired Member — \$58
<ul> <li>I wish to apply for Regular Membership. I hold a valid California CSR license.</li> <li>Participating Member — \$150         <ul> <li>I wish to apply for Participating Membership and meet one of the following qualifications:</li> <li>Have passed the State of California test for Hearing Reporters.</li> <li>Have passed Municipal or Superior court statutory test for official shorthand reporters in California.</li> </ul> </li> </ul>	the last consecutive 10 years and have permanently retired from the active practice of shorthand reporting or from the active teaching of shorthand.
	O Student Member — \$30 I do not qualify for Associate, Participating or Regular Membership. I am a student attending the following court reporting school:
O Hold either the NCRA, RPR or RMR.	○ Instructor Member — \$75
O Associate Member — \$150 I do not hold a California CSR license, but qualify as	I am an instructor in the court reporting program at:
an associate under Article IV, Section 2F, of the CCRABylaws.  O Captioner	
<b>PAYMENT INFORMATION:</b> Please charge my membership on: O MasterCard	O Visa O Amex OR O Check is Enclosed
Card Number:	
Exp. Date:	CVV2:
Cardholder Name:	
Cardholder Signature:	
	to my credit card for a Donation to the CCRA Special Fund

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

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