



APPLICATION FOR MEMBERSHIP 2017-2018

I, _____
hereby apply for membership in the Colorado Court Reporters Association.

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Business Phone: _____ Fax: _____

Home Phone: _____ e-mail: _____

Home phone will be printed in the CCRA Membership Directory. If you do not want your home phone listed, leave space blank.

A CCRA Membership Directory will be provided to all Members on the CCRA Website through restricted/members-only access. Your name, address, e-mail and telephone will be published in the directory. **CHECK HERE if you do NOT want your information to appear in the Membership Directory or on CCRA's Website.**

CATEGORY:

Professional Shorthand Reporter/
Participating Member -- \$110.00

____ Official
____ Freelancer

____ CART Provider
____ Captioner

Associate Member -- \$82.50

____ Teacher/Instructor
____ Scopist/Proofreader

____ Videographer
____ Vendor

____ Other

Student Member -- \$27.50

____ Student - Current Speed: _____

Retired Member -- \$27.50

____ Retired

____ I would like
to make a general
donation to CCRA
in the amount of
\$ _____

CERTIFICATIONS HELD

CSR: State _____ Date _____

RPR: Date _____

RMR: Date _____

RDR: Date _____

CRR: Date _____

Other: _____



ADDITIONAL INFORMATION

____ I would like to volunteer for pro bono projects. ____ I would like to serve on a committee. ____ I would like to be a mentor (or would like to be assigned one if a student).

Check enclosed in the amount of \$ _____ Check No. _____

Visa or MasterCard Card # _____ Three-digit CVV: _____

Expiration Date: _____ Amount: \$ _____

Name as it appears on card: _____

Signature of Cardholder: _____

In submitting this application, and if I am accepted for membership, I hereby swear or affirm that I will uphold all of the provisions of the Constitution and Bylaws of the Colorado Court Reporters Association..

My application includes my check payable to CCRA or my Visa/MasterCard authorization for the appropriate amounts and is endorsed by a current CCRA member.

Signature of Applicant: _____ Date: _____

ENDORSED By: _____ Date: _____

PLEASE RETURN YOUR COMPLETED APPLICATION AND PAYMENT TO:

CCRA, 3000 S. Jamaica Ct., Suite 145, Aurora, Colorado 80014, 303-835-9088, or Fax to 303-979-6094 Dues payments to CCRA are NOT deductible as charitable deductions for federal tax purposes; amounts may be deductible as a necessary business expense.