



APPLICATION FOR MEMBERSHIP 2018-2019

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

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

Business Phone: _____ Fax: _____

Home Phone: _____ e-mail: _____

Home telephone 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, email and telephone will be published in the directory. **CHECK HERE if you do NOT want your information to appear on 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: \$ _____ Zip Code _____

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 Constitutions and Bylaws of the Colorado Court Reporters Association and the Code of Professional Responsibility.

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

Signature of Applicant: _____ Date: _____

ENDORSED By: _____ Date: _____

PLEASE RETURN YOUR COMPLETED APPLICATION AND PAYMENT TO:

Colorado Court Reporters Association, 3000 S. Jamaica Ct., Suite 145, Aurora, Colorado 80014, or
Fax to 303-979-6094. Telephone 303-835-9088

Dues payments to CCRA are NOT deductible as charity deductions for federal tax purposes; amounts may be deductible as a necessary business expense.