



# APPLICATION FOR MEMBERSHIP 2019 - 2020

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.