



MEMBERSHIP APPLICATION

Florida Court Reporters Association

*Name (Please print) _____ NCRA # _____ NVRA # _____
 *Company _____ Owner Co-owner Manager
 *Mailing Address _____ Website: _____
 *City/State/Zip _____
 *Telephone: Home (____) _____ Office (____) _____ FAX (____) _____

CHECK ONE: OK to publish home phone number in directory. DO NOT publish home phone number.

*Email address _____ Secondary Email Address _____

*METHOD OF REPORTING: Stenographic Voicewriter Gregg Pittman Other _____

*TYPE OF REPORTER: Freelance Official Deputy Official Federal Teacher Student Other _____

*DESIG: CSR [List State(s) other than FL] _____ FAPR FPR RPR RDR CMRS RMR CLVS CRI CRR CPE

*Asterisk indicates required information.

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| <p>I make application for Membership as a: (CHECK ONE)</p> <p><input type="checkbox"/> PARTICIPATING MEMBER\$300.00</p> <p>Open to anyone engaged in active practice of official or general court reporting by either stenographic or voicewriter method. (Please indicate method above.)</p> <p><input type="checkbox"/> QUARTERLY PAYMENT PLAN OPTION (\$320 annually auto-renewed at \$80.00 each quarter – must provide credit card payment for this option)</p> <p><input type="checkbox"/> STUDENT MEMBER\$35.00</p> <p>Open to any student of shorthand reporting who is endorsed by a court reporting training program instructor or director.</p> <p><input type="checkbox"/> RETIRED MEMBER\$45.00</p> <p>Open to any participating member in good standing who has retired from the active practice of shorthand reporting.</p> <p><input type="checkbox"/> ASSOCIATE MEMBER \$90.00</p> <p><i>This category is open to the following (please check one):</i></p> <p><input type="checkbox"/> Teachers of shorthand reporting</p> <p><input type="checkbox"/> Individuals officially connected with a school or college conducting shorthand reporting course - <i>School Name & Location</i> _____</p> <p><input type="checkbox"/> Non-member individuals retired from active shorthand reporting</p> <p><input type="checkbox"/> Non-reporters professionally associated with or employed by a member of FCRA whose application is endorsed by a participating member in good standing (<i>please print sponsoring member's name below where requested</i>)</p> <p><input type="checkbox"/> Anyone qualifying for Participating membership, but residing outside of Florida - State of Residence _____</p> <p><input type="checkbox"/> VENDOR MEMBER.....\$500.00</p> <p>Open to any firm or corporation engaged in selling products or services to FCRA members.</p> <p>PRO BONO: Are you interested in donating time to the Pro Bono Program? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>FLORIDA MANUAL: The guide to court reporting in Florida — sample forms, guidelines, and rules of court. Cost for members: \$75.00. Subscription to updates: \$25.00.</p> <p>MEMBERSHIP DIRECTORY: Searchable geographical and alphabetical members' listing on our website.</p> <p>Membership year runs one year from date of enrollment. Dues payments are deductible by members as an ordinary and necessary business expense. In accordance with Section 6033(e) (2)(A) of the Internal</p> | <p>I hereby make application for membership in the Florida Court Reporters Association and pledge myself, if accepted, to abide by the requirements of the Bylaws and Code of Professional Responsibility of the Association as they are now and as they may be amended in the future.</p> <p>I understand that all applications are subject to review and approval by FCRA. All applicants must be sponsored by an FCRA member in good standing per FCRA bylaws.</p> <p>Signature of Applicant _____ Date _____</p> <p>Name of Sponsoring Member (Please print or type) _____</p> <p>How did you hear about FCRA? Code: _____ Other: _____</p> |
| PAYMENT ENCLOSED FOR: | |
| <p>TOTAL ENCLOSED: \$ _____</p> <p><input type="checkbox"/> Check # _____ <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> AmEx</p> <p>Account # _____</p> <p>Exp. Date: _____</p> <p>CVV: _____</p> <p>Amount to charge: \$ _____</p> <p>Authorized Signature _____</p> <p>Billing Address: <input type="checkbox"/> Same as above</p> <p>Address: _____</p> <p>City/St/Zip: _____</p> | |
| <p>For Administrative Use Only</p> <p>Date Rec'd _____ Ref # _____ Amount _____</p> <p>Date Approved _____ Computer _____</p> | |
| <p>Make check payable to FCRA and mail to FCRA Headquarters, 222 S. Westmonte Dr, Ste 111, Altamonte Springs, FL 32714 Telephone 407-774-7880 • FAX 407-774-6440 (for charge payments only) • www.fcraonline.org</p> | |