



Pennsylvania Court Reporters Association (PCRA) Membership Application/Renewal Form

Return completed form with payment to:
Pennsylvania Court Reporters Association (PCRA)
908 North Second Street • Harrisburg, PA 17012

Contact Information

Full Name _____

Company _____

Main Address _____

City _____ State ____ Zip Code _____

Find a Reporter Address: _____

City _____ State ____ Zip Code _____

Preferred Email _____

Alternate Email _____

Phone (cell) _____

Phone (work) _____

Referred by: _____

(include name, organization, city and state)

District: _____

Refer to the District Map on the back of this form to locate your district. Out of state applicants may list a district of choice.

NCRA Member ID _____

Credentials (check all that apply)

CBC CCC CCP CLVS CMRS CPE CRC
 CRI CRR CSR FAPR RDR RMR RPR
 Other _____
CSR State(s) _____

Voting

Article VI, Section 3 of the bylaws reads, "Any court reporter living in one district and working in another district may be a member of the district of her or his choice. However, the right to vote shall be limited to the one district declared on the current dues renewal form." For voting purposes, I declare my district to be determined by: Work Address Home Address

*Find a Reporter Op-in

Please check if you grant permission to publish your contact information in the Find a Reporter Member Directory at www.pcr.com. By checking this box, you give permission to PCRA to publish your name and contact information in the online Find a Reporter member directory. Find a Reporter is public facing and is intended as a resources for members, attorneys, the public, etc.

Signature _____ Date _____

Dues/Member Category (please select one)

- Associate—\$70.00
 Professional—\$195.00
 Student—\$20.00
 Retired**—Enter Voluntary Dues Contribution \$ _____

**See process and criteria for Retired member status in Section 7 of the PCRA Standing Rules at pcra.com/pcra-bylaws-and-standing-rules

Associate members, indicate the category of associate member to which you belong:

- Instructor/School Staff Reporting Support Staff
 Vendor Videographer

Professional members, indicate your primary professional occupation:

- Captioner CART Provider
 Freelancer Official

Method of capturing the record _____

Student members, provide instructor's name & signature (required)

Name _____

Signature _____

Volunteer with PCRA (check all that apply)

- Assist with special projects Become a mentor
 Serve on a committee

Student Enrichment Fund Donation

I would like contribute to the Student Enrichment Fund (please enter donation amount) \$ _____

All membership applications must be approved by the PCRA Board. Applications will remain in pending status until approved.

Amount Due

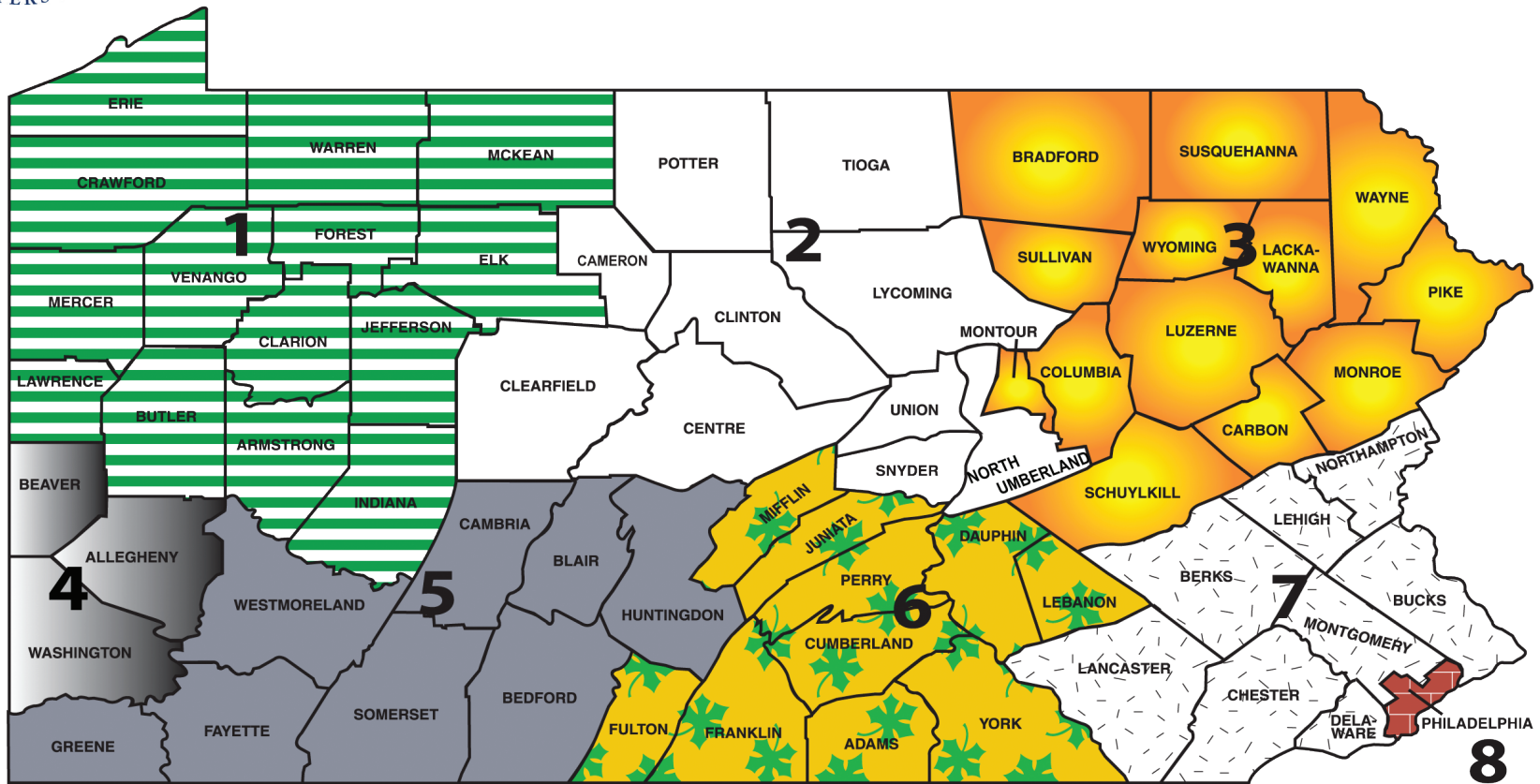
Dues \$ _____

Donation \$ _____

Amount Enclosed \$ _____



PCRA DISTRICT MAP



- | | | |
|-------------------------------|--------------------------------|-------------------------------|
| Melissa Keating, D-1 Director | Christine Mumper, D-4 Director | John Toronzi, D-7 Director |
| Veronica Rheam, D-2 Director | Sarah Volk, D-5 Director | Kimberly Wilson, D-8 Director |
| Lori Scalise, D-3 Director | Sharon Alexander, D-6 Director | |