



PENNSYLVANIA COURT REPORTERS ASSOCIATION 2019 MEMBERSHIP APPLICATION

Every Reporter – One Voice

A. CONTACT INFORMATION

Please thoroughly complete the information below. This is the information PCRA will use when contacting you.

Name: _____ Male/Female Date: _____

Referred By: _____

Workplace (Name of firm, company, courthouse, etc.): _____

Mailing Address (include County): _____ Address for Find A Reporter (if different) Website: _____
(include County): _____

Primary Phone: _____

Alternate Phone: _____

>> For voting purposes, I declare my District to be determined by my _____ work address _____ home address.

(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 his or her choice. However, the right to vote shall be limited to the one District declared on the current dues renewal form.")

*E-mail: _____ If previous PCRA member, under what name? _____

* A valid e-mail address must be supplied in order to receive communications from PCRA.

B. MEMBERSHIP CATEGORY (please check one)

Professional member - \$195.00 Please indicate your primary professional occupation:
 Official Freelancer Captioner CART Provider

Associate member - \$70.00. Please indicate the category of associate member to which you belong:
 Instructor/School Staff Member Reporting Support Staff Member Videographer Vendor

Student member - \$20.00 → Instructor's Signature (required) _____

C. MEMBERSHIP DIRECTORY

Please check if you **DO NOT** grant permission to publish your contact information in the Find A Reporter member directory at www.pcra.com.

D. CREDENTIALS (Check all that apply.)

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

E. VOLUNTEER WITH PCRA (Check all that apply.)

- I would like to serve on a committee
- I would like to assist with special projects
- I would like to become a mentor

Please provide additional information: _____

F. PAYMENT INFORMATION

I would like to contribute _____ to the Student Enrichment Fund. Total Payment (Dues + Donation): \$ _____

VISA MC CHECK ENCLOSED, payable to PCRA

Card Number: _____ Expiration Date: _____ Security Code: _____

Name on Card: _____ Signature of Cardholder: _____

Please return this form to:
PCRA
PO Box 8812
Collingswood, NJ 08108

info@pcra.com
p: 856-298-0480
f: 856-210-1619