

2011 MEMBERSHIP APPLICATION
MARYLAND COURT REPORTERS ASSOCIATION
P.O. Box 401, Upper Marlboro, Maryland 20773

MCRA RESPECTS THE PRIVACY OF ITS MEMBERS. INFORMATION BELOW IS FOR THE MCRA DATABASE ONLY.

NAME _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
PHONE: H: _____ W: _____ Fax: _____
E-MAIL ADDRESS: _____ CERTIFICATIONS _____
FIRM/COMPANY NAME: _____
METHOD OF REPORTING: MACHINE: _____ STENOMASK: _____ VOICEWRITER: _____
YEARS IN REPORTING PROFESSION: _____ NCRA ID # _____

MEMBERSHIP TYPES

Reporter: An official court, legislative or regulatory commission court reporter; any person who is engaged as a court reporter in the active practice of general reporting.

Associate: A teacher of court reporting or anyone connected in an official capacity with a school or college conducting a court reporting course, or interested in the preservation, support and advancement of the field of court reporting, but not in any way actively engaged in the verbatim reporting of proceedings, not otherwise eligible for membership, may, upon application and approval by the Executive Board, become an Associate member. Such members need not meet the requirements for skill in the art of verbatim reporting of proceedings by the use of shorthand symbols, steno mask, or voice writing.

Student: A person enrolled in a school or college conducting a court reporting course, or studying privately under a Registered Professional Reporter (a designation of NCRA) shall be eligible for student membership in this Association.

Please check your membership request:
 Reporter: \$100
 Associate: \$50
 Student: \$25
 Tax-deductible donation: \$25 or \$ _____

Please check which most described you:
 Freelance Legislative Official Captioner
 Hearing Cart Other: _____

Please indicate the services you provide:
 Cart
 Captioning
 Litigation Support
 ASCII
 PDF
 Livenote/CaseView

Academic Degrees:
 Associate's degree _____
 Bachelor's degree _____
 Master's degree _____
 Ph.D: _____
 Other: _____

Would you like to sponsor a student (\$25): Yes No
Are you interested in serving on an MCRA committee: Yes No
Are you interested in joining the MCRA Board: Yes No
Would you like to be included in MCRA group e-mails: Yes No

Check enclosed: Credit Card: Visa Mastercard
Credit Card Number: _____ Security Code: _____
Expiration Date: _____ Signature _____

MCRA USE ONLY: Payment received: _____