



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 DO NOT publish home phone number.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.

I make application for Membership as a: (CHECK ONE)

PARTICIPATING MEMBER\$300.00
 Open to anyone engaged in active practice of official or general court reporting by either stenographic or voicewriter method. (Please indicate method above.) **PAYMENT PLAN AVAILABLE**
 *Pre-Authorized Payment Plan Attached (Participating Members Only)

STUDENT MEMBER\$35.00
 Open to any student of shorthand reporting who is endorsed by a court reporting training program instructor or director.

RETIRED MEMBER\$45.00
 Open to any participating member in good standing who has retired from the active practice of shorthand reporting.

ASSOCIATE MEMBER \$90.00
This category is open to the following (please check one):
 Teachers of shorthand reporting
 Individuals officially connected with a school or college conducting shorthand reporting course - **School Name & Location** _____
 Non-member individuals retired from active shorthand reporting
 Non-reporters professionally associated with or employed by a member of FCRA whose application is endorsed by a participating member in good standing (**please print sponsoring member's name below where requested**) _____
 Anyone qualifying for Participating membership, but residing outside of Florida - State of Residence _____

VENDOR MEMBER.....\$500.00
 Open to any firm or corporation engaged in selling products or services to FCRA members.

PRO BONO: Are you interested in donating time to the Pro Bono Program?
 Yes No

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.

MEMBERSHIP DIRECTORY: Searchable geographical and alphabetical members' listing in Member's Only section of our website.

The dues year is November 1 through October 31. Annual dues must accompany application. Those joining in August, September, or October of a given year will be paid through October 31 of the following year. Dues payments are deductible by members as an ordinary and necessary business expense. In accordance with Section 6033(e) (2)(A) of the Internal Revenue Code, as amended, members of the FCRA are hereby notified that an estimated 10% of your FCRA dues will be allocated to lobbying and political activities, and therefore is not deductible as a business expense.

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.

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.

 Signature of Applicant Date

 Name of Sponsoring Member (Please print or type)

How did you hear about FCRA? Code: _____ Other: _____

PAYMENT ENCLOSED FOR:

Membership Dues \$ _____

Florida Manual on CD:
 ___ copies @ \$75.00 each
 (Includes 7% sales tax + handling) _____

One-year subscription
 to Florida Manual Updates
 ___ subscriptions @ \$25.00 each
 (Includes 7% sales tax + handling) _____

TOTAL ENCLOSED: \$ _____

Check # _____ MasterCard VISA AmEx

Account # _____

Exp. Date: _____

Amount to charge: \$ _____

Authorized Signature _____

*Participating Members selecting the pre-authorized payment plan option will need to sign and complete the payment section of the pre-authorized payment plan form.

For Administrative Use Only

Date Rec'd _____ Ref # _____ Amount _____
 Date Approved _____ Computer _____

**Make check payable to FCRA and mail to FCRA Headquarters, 222 S. Westmonte Dr, Ste 101, Altamonte Springs, FL 32714
 Telephone 407-774-7880 • FAX 407-774-6440 (for charge payments only) • www.fcraonline.org**