



<i>Office Use Only</i> Date Received: _____ Date Approved: _____
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MCRA Membership Application

NOTICE: Please print this application, fill it out in full, and mail it to the MCRA Vice-President along with your check.

*SIGNED ENDORSEMENT BY *CURRENT MEMBER* OF MCRA: (Required for Application Approval.)

Print: _____ CCR # _____ Sign: _____

APPLICANT INFORMATION:

Full Name:		MS CCR#:
Nickname for Convention Badge:		
Address:		
City:	State:	ZIP Code:
Cell Phone:	Home Phone:	
Email:		
Date of Birth:	Male _____	Female: _____
Date Started Reporting:		

Workplace Name:		
Address:		
City:	State:	ZIP Code:
County:		
Phone:	Fax:	
Web Site:		

MEMBERSHIP TYPE:

Participating Membership \$100.00 Reinstatement Fee \$30.00
 Out of State Membership \$100.00
 Associate Membership \$30.00
 Student Membership \$35.00

REPORTERS: (Check Only One)

Freelance Circuit Chancery County/Youth Public Service Workers Comp
 Federal Other _____

Primary Shorthand: Machine Pen Writer Steno Mask Other _____
 Primary CAT System: _____ Pen Writers, Software: _____

Certifications: (Check All That Apply)

CCR # _____ RPR _____ RMR _____ RDR _____ CRR _____
 CLVS _____ CMRS _____ CPE _____ CRI _____

NCRA Member: Yes ___ NCRA # _____ No ___
Previous Member of MCRA: Yes ___ No ___ If YES, by what name? _____

Reporter Services: (Check All That Apply)
Realtime ___ Computer-Aided Transcription ___ Closed Captioning ___
Conference Room ___ Litigation Support ___ Notary ___ Video ___

OTHER OCCUPATIONS:

___ Proofreader ___ Transcriptionist ___ Attorney ___ CLVS
___ Paralegal ___ Scopist ___ Supplier/Vendor ___ Other: _____

STUDENTS AND INSTRUCTORS:

Instructor's Name: _____
School: _____
Address: _____
City: _____ State: _____ ZIP Code: _____
Phone Number: _____
Email: _____
Current Speed: _____

ADDITIONAL INFORMATION: (optional)

I would like to serve on a committee in MCRA:

No ___ Yes ___ Committee(s): _____

I have completed the application for the Mississippi Court Reporters Association and have enclosed a check made payable to MCRA for the appropriate membership dues amount for which I am applying. I acknowledge that a MCRA reporter member in good standing has endorsed my application, as is reflected by their signature on the previous page.

Applicant's Signature: _____ Date: _____