



<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	\$65.00	_____ Reinstatement Fee	\$30.00
_____ Out of State Membership	\$65.00		
_____ Associate Membership	\$30.00		
_____ Student Membership	\$35.00		
_____ Instructor Membership	\$35.00	Certifications: _____ CPE _____ CRI	

**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:**

\_\_\_ Instructor \_\_\_ 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: \_\_\_\_\_