



Office Use Only

Date Received: _____

Date Approved: _____

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? _____

Make your member profile available in the public directory: ____yes ____no

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: _____