



## Membership Application

### A. CONTACT INFORMATION

Please thoroughly complete the information below. This is the information NYSCRA will use when contacting you.

Name: \_\_\_\_\_ Male/Female \_\_\_\_\_ Date: \_\_\_\_\_

Referred By: \_\_\_\_\_

Workplace (Name of firm, company, courthouse, etc.): \_\_\_\_\_

Mailing Address: Is this your HOME or BUSINESS address? (please circle the appropriate selection)

Primary phone: ( ) \_\_\_\_\_

Alternate phone: ( ) \_\_\_\_\_

Website: \_\_\_\_\_

\*E-mail: \_\_\_\_\_ If previous NYSCRA Member, by what name? \_\_\_\_\_

\* A valid e-mail address must be supplied in order to receive communications from NYSCRA.

### B. MEMBERSHIP CATEGORY (please check one) (NYSCRA estimates that 15% of dues are allocable to lobbying and are therefore non-deductible.)

☐ Active (circle dues amount) - \$165/year or \$295/2 years Please indicate your primary professional occupation:  
Primary Reporter: ☐ State Official ☐ Federal Official ☐ Deposition Freelance ☐ CART Captioner ☐ Hearing

☐ Associate (circle dues amount) - \$135/year or \$235/2 years Please indicate the category of associate member to which you belong:  
☐ Instructor/School Staff Member ☐ Scopist ☐ Vendor ☐ Retired

☐ Student - \$50/year Expected Month/Year of Graduation \_\_\_\_\_ → Instructor's Signature (required) \_\_\_\_\_

### C. CREDENTIALS (please check all that apply)

☐ RPR ☐ RMR ☐ RDR ☐ CLVS ☐ CM ☐ CMR ☐ CMRS ☐ CRR ☐ CRI ☐ CPE ☐ FAPR ☐ CBC ☐ CCP ☐ NYACR ☐ NYRCR  
☐ CSR State(s) \_\_\_\_\_ CSR# \_\_\_\_\_ Other \_\_\_\_\_

### D. VOLUNTARY CONTRIBUTIONS (please check all that apply) (Contributions are voluntary and qualify for tax deduction to the extent permitted by law.)

Special Fund (Lobbying & NYSCRA Conventions)  
☐ Gold Contributor (\$100+) ☐ Silver Contributor (\$50-\$99) ☐ Bronze Contributor (\$15-\$49)

Horizon Scholarship Fund (Student Scholarships)  
☐ Summa Cum Laude (\$100+) ☐ Magna Cum Laude (\$50-\$99) ☐ Cum Laude (\$15-\$49)

### E. PAYMENT INFORMATION (check or credit card information must accompany application) (contact headquarters to set up a payment plan)

Total Payment of Dues and Voluntary Contributions \$ \_\_\_\_\_

☐ DISCOVER ☐ VISA ☐ MC ☐ AMERICAN EXPRESS ☐ CHECK ENCLOSED, payable to NYSCRA

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ Security Code \_\_\_\_\_

Name on Card \_\_\_\_\_ Signature of Cardholder \_\_\_\_\_

Please return this form to:  
NYSCRA  
PO Box 8864  
Collingswood, NJ 08108

[nyscra@nyscra.org](mailto:nyscra@nyscra.org)  
[www.nyscra.org](http://www.nyscra.org)

p: 215-858-8023  
f: 856-210-1619