



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: _____

Company County: _____

*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
www.nyscra.org

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