



California Court Reporters Association
Membership Application

CONTACT INFORMATION:

First Name: Last Name:
CSR #:
Address:
City: State: Zip:
Company Name: Local Association:
Primary Phone: Cell Phone:
Fax: E-mail:
Sponsored by:

I am an: Official General/Freelance State Hearing Reporter

MEMBERSHIP TYPE:

Membership will run 12 months from the last day of the month in which you joined and or paid.

- Regular Member - \$135
Retired Member - \$58
Participating Member - \$135
Student Member - \$30
Associate Member - \$135
Instructor Member - \$68
I am a LACCRA Member.

PAYMENT INFORMATION:

Please charge my membership on: MasterCard Visa Amex OR Check is Enclosed
Card Number:
Exp. Date: CVV2:
Cardholder Name:
Cardholder Signature:

YES! Please charge an additional \$ to my credit card for a Donation to the CCRA Special Fund to help fight ER.

Join Online at www.cal-ccra.org or Mail Application to CCRA. Application may be faxed to (949) 715-6931.