



**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:**

**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:  Regular Official  Regular Federal  Regular Freelance  Captioner/CART Provider  Hearing

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

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

I would like to receive a membership certificate by e-mail.

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

RPR  RMR  RDR  CLVS  CM  CMR  CMRS  CRR  CRI  CPE  FAPR   
 CBC  CCP  NYRCR  NYACR \_\_\_\_\_ 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**  
**43150 Broadlands Center Plaza, Suite 152-269**  
**Ashburn, VA 20148**

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

**p: 703-729-4861**  
**f: 703-935-2266**