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Membership Application

MEMBERSHIP TYPE :

NEW MEMBER - or - RENEWAL (Please check one)

Regular Member - \$100: COMPLETE SECTION 1, 2 & 5

Any person who is skilled and primarily engaged in The Profession shall be eligible to become a Regular Member.

Beginning Member - \$50: COMPLETE SECTION 1, 2 & 5

Any person who has graduated from an NCRA or NVRA approved training program shall be eligible within twelve months of graduation to become a Beginning Member.

Associate Member - \$40: COMPLETE SECTION 1, 3 & 5

The following are eligible to become Associate Members:

- Any instructor of The Profession or anyone connected in any official capacity with a school or college offering courses in The Profession.
- Any person actively engaged in transcribing, scoping, or proofreading for Practitioners of The Profession.
- Any other person who is interested in the preservation, support, and advancement of The Profession. Associate Members shall not vote or hold office.

Student Member - \$20: COMPLETE SECTION 1, 4 & 5

Any student enrolled in a training program approved by NCRA or NVRA shall be eligible to become a Student Member. Student Members shall not vote or hold office.

Please consult WCRA Bylaws for Application as an Honorary or Special Member

1. ALL APPLICANTS - COMPLETE THIS SECTION (only if you're a new member or info has changed)

Name: _____	e-mail (required): _____
Home Address: _____	City, State, ZIP: _____
Work Address: _____	City, State, ZIP: _____
Home Phone: _____	Work Phone: _____
Send Mail to: <input type="checkbox"/> Home - or - <input type="checkbox"/> Work	Receive Newsletter by: <input type="checkbox"/> Mail - or - <input type="checkbox"/> e-mail

2. REGULAR/BEGINNING REPORTERS - COMPLETE THIS SECTION \$100 / \$50

EMPLOYMENT:

Official - County: _____

Freelance Independent Employee at: _____

Captioner CART Other - Specify: _____

I hold the following certifications (check all that apply): RPR RMR CRR RDR CBC CCP

CSR from _____ Years Reporting: _____

3. ASSOCIATE MEMBERS - COMPLETE THIS SECTION \$40

Instructor at: _____ Scopist for: _____

Vendor for: _____ Other - Specify: _____

4. STUDENT MEMBERS - COMPLETE THIS SECTION \$20

I am a student at: _____

5. COMPLETE THIS SECTION

I _____, hereby apply for the above-indicated WCRA Membership.
 I state that I meet the qualifications therefore, and enclose dues for the year, as stated above.

 Signature of Applicant Date: _____

Referred by _____

Payment of dues: All membership renewal fees are due one year from time of joining WCRA or date of renewal. A \$20 late fee may be added to any payment not received by due date.
 All members whose dues are not paid each year will be dropped from the roll of membership.

MAIL APPLICATION & PAYMENT PAYABLE TO WCRA TO:
 Colleen Clark, WCRA Treasurer, 5734 Oxbow Road, Madison, WI 53716

Note: The portion of WCRA membership dues payment attributable to lobbying fees is 9%

Membership Dues :	\$ _____
Conduit Fund :	\$ _____
TOTAL :	\$ _____