



**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