



Membership Application

Certified Court Reporters Association of New Jersey

PO Box 460, Collingswood, NJ 08108

Phone: 856-875-0818 Fax: 856-210-1619

Email: ccra-nj@bowermanagementservices.com Website: www.ccra-nj.com

Name: _____

Street: _____

City/State/Zip+4: _____

Phone: (Home) _____ (Office) _____ (Fax) _____

Email: _____

Website: _____

Membership Fees:

Participating Member _____ \$150

Associate or Scopist: _____ \$ 65

Student Member: _____ \$ 25 List school and speed:

Recommended by: _____

(Please put the name of the member that contacted you on the line above)

Payment Information: (Make checks payable to CCRA-NJ)

I authorize CCRA-NJ to bill my membership to the credit card listed below:

Credit Card (circle one): Visa MasterCard American Express

Credit Card # _____ Expiration Date: _____

Signature: _____ Security Code: _____ Date: _____

Credit Card Billing Address (if different from above): _____

Volunteer Information: We Need You!

Any member can participate on any committee by indicating an interest below. CCRA-NJ will contact you when there is a need for your volunteer services. Please check committees or areas you would consider participating in:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> Freelance | <input type="checkbox"/> Official | <input type="checkbox"/> Publications | <input type="checkbox"/> Legislative |
| <input type="checkbox"/> Pro Bono | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Membership | <input type="checkbox"/> Education |
| <input type="checkbox"/> Technology | <input type="checkbox"/> Student Mentor | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Constitution & Bylaws |
| <input type="checkbox"/> Spring/Fall Convention | <input type="checkbox"/> Midyear Seminars | <input type="checkbox"/> Seminar Presentations (List topics below) | |