



2018 Membership Dues Invoice

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: _____

(List address at which you wish to receive association mailings.) This is a . . . Business Home New Address

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

Email: _____ **Website:** _____

Membership Fees:

Participating Member _____ \$150
Associate or Scopist: _____ \$ 65
Student Member: _____ \$ 25 List school and speed:

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:

___ Freelance ___ Official ___ Publications ___ Legislative
___ Pro Bono ___ Fundraising ___ Membership ___ Education
___ Technology ___ Student Mentor ___ Public Relations ___ Constitution & Bylaws
___ Spring/Fall Convention ___ Midyear Seminars ___ Seminar Presentations (List topics below)