



ILLINOIS COURT REPORTERS ASSOCIATION 2016-2017 MEMBERSHIP APPLICATION

A. CONTACT INFORMATION

Please thoroughly complete the information below. This is the information ILCRA will use when contacting you.

Name: _____ Male/Female _____ Date: _____

Referred By: _____

Workplace (Name of firm, company, courthouse, etc.): _____

Mailing Address: _____ Address for Find A Reporter (if different): _____ Primary Phone: () _____

_____ Alternate Phone: () _____

_____ Website: _____

*E-mail: _____ If previous ILCRA member, under what name? _____

* A valid e-mail address must be supplied in order to receive communications from ILCRA.

B. MEMBERSHIP CATEGORY (Check one.)

ILCRA estimates that 20% of your dues are allocable to lobbying and are, therefore, non-deductible.

Professional Member - \$110 Please indicate your primary professional occupation:
Primary Reporter: Official Freelancer Captioner CART Provider
Primary Shorthand: Machine Pen

Associate Member Please indicate the category of associate member to which you belong:
 Instructor/School Staff Member - \$50 Vendor/Other - \$60 _____ (Occupation)
 Retired - \$40 Student - \$40

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

C. MEMBERSHIP DIRECTORY

Please check if you **DO NOT** grant permission to publish your contact information in the online Find A Reporter membership directory at www.ILCRA.org.

D. CREDENTIALS (Check all that apply.)

RPR RMR RDR CLVS CMRS CRR CRI CPE FAPR CBC CCP
 CSR State(s) _____ Other _____

E. PAYMENT INFORMATION (The dues year is July 1 through June 30. Check, credit card information or payroll deduction card must accompany application. If you are an Illinois State Official and wish to take advantage of the payroll deduction option, contact ILCRA and we will send you a payroll deduction card.)

DISCOVER VISA MC AMERICAN EXPRESS CHECK ENCLOSED, payable to ILCRA (\$15 returned check fee.)

Card Number: _____ Expiration Date: _____ Security Code: _____

Name on Card: _____ Signature of Cardholder: _____

Please return this form to:
ILCRA
43150 Broadlands Center Plaza, Suite 152-269
Ashburn, VA 20148

contact@ilcra.org
p: 703-927-1453
f: 703-935-2266

Members of ILCRA are required to adhere to ILCRA's Code of Ethics. If, as a member, you violate ILCRA's Code and your ILCRA membership is suspended or revoked, that information shall be published in the Ad Infinitum and/or other ILCRA Publications.