



2019 MEMBERSHIP APPLICATION		
Name:		
Address:		E-mail:
City:	State:	ZIP Code:
District #:	Phone #:	Birthday:
PROFESSIONAL INFORMATION		
ABCR License #:		NCRA License #:
<input type="checkbox"/> Freelance Reporter	<input type="checkbox"/> State Official Reporter	<input type="checkbox"/> Federal Official Reporter
<input type="checkbox"/> CART/Captioner	<input type="checkbox"/> Instructor	<input type="checkbox"/> Retired
<input type="checkbox"/> Student	<input type="checkbox"/> Other (please specify)	<i>Must not be actively reporting</i>
<input type="checkbox"/> Professional dues: \$100		<input type="checkbox"/> Student dues: \$15
Legislative Fund Contribution: <input type="checkbox"/> \$25 <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> Other: \$_____		
ACRA Legislative Fund contributions are spent on legislative efforts and funds the support of our legislative and special-need initiatives to protect and preserve the court reporting and captioning profession in Alabama. ACRA depends on the support of each member to participate in this fund!		
GET INVOLVED		
Are you interested in being a student mentor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you interested in being on a committee? <input type="checkbox"/> Yes <input type="checkbox"/> No		
SIGNATURE		
I do hereby certify that the information I provided is true and correct to the best of my knowledge and belief.		
		
Signature of applicant:		

Please fill out all information completely in order to make your renewal processing more efficient. Thank you!

Make checks payable to "ACRA Membership Dues"

Mail or E-mail to:
Janet Chambliss Smith
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Alcra2015.01@gmail.com
300 North Dean Road
Suite 5, Box 144
Auburn, AL 36830
