

CONTACT INFORMATION

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

D PLEASE CHECK HERE IF YOUR INFORMATION HAS CHANGED FROM BELOW (and write in new info)

□ PLEASE CHECK HERE IF YOUR INFORMATION HAS CHANGED FROM BELOW (and write in new into)					
Full Name (First, Middle, Last)					
Mailing Address/City/State/Zip					
Primary Phone			Se	condary Phone	
*Email:					
* A valid e-mail address must be supplied in order to receive communications from ILCRA.					
MEMBERSHIP CATEGORY (Check one)					
	□ Professional Member - \$110 Please indicate your primary professional occupation:				
	Primary Reporter: Primary Shorthand:	□ Official □ Machine	□ Freelancer □ Pen	□ Captioner	CART Provider
	Professional Member Monthly - \$ Please indicate your primary professional occupation:				
	Primary Reporter: Primary Shorthand:	□ Official □ Machine	□ Freelancer □ Pen	□ Captioner	CART Provider
	□ 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					(Occupation)
CREDENTIALS (Please check all that apply)					
	□ RPR □ RMR □ R □ CSR State(s)				
PAYMENT INFORMATION (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.)					
Cord Nu	mhor			Expiration Data:	Security Code:
Card Number: Expiration Date: Security Code:					
Full Billing Address of Card if different than above:					
Name on Card: Signature of Cardholder:					

Please return this form by email/fax or regular mail to:

ILCRA 43150 Broadlands Center Plaza, Suite 152-269 Ashburn, VA 20148 <u>contact@ilcra.org</u> p: 703-927-1453 f: 703-935-2266

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 ** ILCRA estimates that 10% of your dues are allocated to lobbying and are, therefore, non-deductible.