

ILLINOIS COURT REPORTERS ASSOCIATION MEMBERSHIP APPLICATION

CONTACT INFORMATION

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

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

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Full Name (First, Middle, Last)	
Mailing Address/City/State/Zip	
Primary Phone	Secondary Phone
*Email:	
* A valid e-mail address must be supplied in order to receive comm	unications from ILCRA.
MEMBERSHIP CATEGORY (Check one)	
☐ Professional Member - \$150 Please indicate you	ur primary professional occupation:
Primary Reporter: ☐ Official ☐ Freelance Primary Shorthand: ☐ Machine ☐ Pen	er □ Captioner □ CART Provider
□ Professional Member Monthly - \$15.00 Please indic	cate your primary professional occupation:
Primary Reporter: ☐ Official ☐ Freelance Primary Shorthand: ☐ Machine ☐ Pen	er □ Captioner □ CART Provider
□ Associate Member Please indicate the	category of associate member to which you belong:
☐ Instructor/School Staff Member - \$50☐ Vendor/Oth☐ Retired - \$40☐ Student - \$40	ner - \$60(Occupation)
CREDENTIALS (Please check all that apply)	
□ RPR □ RMR □ RDR □ CLVS □ CRC □ □ CSR State(s)Other	
PAYMENT INFORMATION (Check, credit card information or put if you are an Illinois State Official and wish to take advantage we will send you a payroll deduction card.) □ DISCOVER □ VISA □ MC □ AMERICAN EXPRESS □ CONTROL	• • • • • • • • • • • • • • • • • • • •
Card Number:	Expiration Date: Security Code:
Full Billing Address of Card if different than above:	
Name on Card: Sign	nature of Cardholder:
Please return this form by email/fax or regular mail to: ILCRA 43150 Broadlands Center Plaza, Suite 152-269 Ashburn, VA 20148	contact@ilcra.org p: 703-927-1453

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