



2024 Sponsor a Colleague Membership

A. Sponsor information (please print)

I am a current NCRA member: Yes No

NAME _____

If you would like to update your contact information, please do so below.

STREET ADDRESS _____

CITY _____

STATE _____ ZIP/POSTAL CODE _____

COUNTRY _____

WORK PHONE _____ CELL PHONE _____

EMAIL ADDRESS _____

B. Sponsor payment information

Enclose payment in full. *Includes \$15.00 new member processing fee.

- \$315.00 NEW participating membership*
- \$194.00 NEW associate membership*
- \$55.00 NEW student membership

- Visa MasterCard
- Discover American Express

If a check payment is mailed, it must be drawn on a U.S. bank in U.S. funds. Checks returned unpaid by your bank for any reason will cause NCRA to add a **return check fee of \$30** to your membership balance.

ACCOUNT NUMBER _____

EXPIRATION DATE _____ SECURITY CODE _____

BILLING ZIP CODE _____

SIGNATURE _____

If you don't have someone in mind, leave C. and D. blank, we'll match someone up with your sponsorship. You will not be charged until the match and no personal information will be disclosed without your permission.

C. Membership recipient information (please print)

NAME _____

STREET ADDRESS _____

CITY _____

STATE _____ ZIP/POSTAL CODE _____

COUNTRY _____

HOME PHONE _____ CELL PHONE _____

COMPANY NAME/SCHOOL NAME/COURT DISTRICT _____

WORK PHONE _____ WORK EMAIL ADDRESS _____

Gender Female Male Nonbinary

Birth date: _____

Have you ever been a member of NCRA? Yes No

If yes, under what name? _____

- Official/hearing/legislative Freelance CART captioner
- Broadcast captioner CLVS Student
- Other _____

D. Membership recipient signature

Your signature acknowledging that you have read the statement below is required to initiate your membership.

Members of NCRA are required to adhere to NCRA's Code of Ethics. If, as a member, you violate NCRA's Code and your NCRA membership is suspended or revoked, that information shall be published in the *JCR* or other NCRA publications. I will abide by the NCRA Code of Professional Ethics and Constitution & Bylaws. I agree that I support the purposes and objectives of NCRA. I verify that the information on this provided application is correct.

SIGNATURE _____ DATE _____

Note: Annual membership expires on Dec. 31, 2024. NCRA dues may be deductible as an ordinary business expense but not as a charitable contribution. The non-deductible ordinary business expense portion of your 2024 dues is 7.5%.

Save the completed form and send via:

Email: membership@ncra.org | **Fax:** 703-391-0629

Mail: National Court Reporters Association, 12355 Sunrise Valley Drive, Suite 610, Reston, VA 20191

Questions? Please email membership@ncra.org or call 800-272-6272.