



# Membership Application

Membership year is June 1, 2012 through May 31, 2013

- New Member     Renewal
- \$75 Professional Only     \$105 Professional and CCR     \$35 Associate     \$25 Student
- \$50 First-Year Member    School \_\_\_\_\_
- \$\_\_\_\_ Voluntary Donation to Legislative Fund     \$\_\_\_\_ Voluntary Donation to Scholarship Fund

*Dues are not deductible as a charitable expense on your federal income tax return. Due to TCRA's lobbying activities on behalf of its members, 10% of the dues payment may be deductible as trade or business expenses if ordinary and necessary in the conduct of the taxpayer's business.*

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Senate Dist.# \_\_\_\_\_ House of Rep. Dist.# \_\_\_\_\_  
 Office Phone: \_\_\_\_\_ FAX: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 E-mail: \_\_\_\_\_  
 List under \_\_\_\_\_ city in membership directory.

**Certification(s): Check all that apply.**

- RPR  RMR  RDR  LCR   
 CRR  CBC  CCP  CCR   
 CCR State: \_\_\_\_\_  
 Other Classifications: \_\_\_\_\_

**Your Practice:**

- Freelance  Captioner  CART   
 State Official  Judicial District \_\_\_\_\_  
 Federal Official

**Length of Time Reporting:** \_\_\_\_\_

**Method of Reporting:**

- Machine Writer     Voice Writer     Pen Writer  
 Other (specify): \_\_\_\_\_  
 CAT System: \_\_\_\_\_

**For TCRA use only:**    CCR #: \_\_\_\_\_  
 Postmark: \_\_\_\_\_ Check # \_\_\_\_\_ Date: \_\_\_\_\_  
 Check Amount: \$ \_\_\_\_\_ Charge Amount: \$ \_\_\_\_\_  
 Renewal Date: From \_\_\_\_\_ to \_\_\_\_\_ Date CC Processed: \_\_\_\_\_

I am willing to serve on committees: \_\_\_\_\_  
 I am willing to do pro bono in the following counties: \_\_\_\_\_

Check here if you do not want your business information provided to professional directories:   
 TCRA would like to communicate with you by E-mail. If you do not wish to receive E-mail from TCRA, check here:

<b>Associate Members Only:</b>			
I am:	Reporting Teacher	<input type="checkbox"/>	School: _____
	Scopist	<input type="checkbox"/>	
	Vendor	<input type="checkbox"/>	Specify: _____
	CLVS	<input type="checkbox"/>	Specify: _____

**ENDORSEMENT** (Required for new members only) by an active member in good standing: New student members need to be endorsed by an instructor who is a TCRA associate member or by a TCRA professional member.

Endorsing TCRA Member (Print): \_\_\_\_\_  
 (Signature): \_\_\_\_\_ Date: \_\_\_\_\_

**I HEREBY CERTIFY** that the foregoing data is true and correct, and I understand that any false or misleading statement shall be grounds for automatic expulsion from the Association. (Incomplete applications will be returned to you.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Make checks payable to TCRA or charge to Credit Card:**

Mail completed form to:

Amount to Charge: \$ \_\_\_\_\_  
 Card Type: M/C, Visa, etc. \_\_\_\_\_  
 Card Number: \_\_\_\_\_  
 Expiration Date: \_\_\_\_\_  
 Signature (Required): \_\_\_\_\_

Tennessee Court Reporters Association  
 Attn: Membership Application  
 109 Walton Avenue  
 Smyrna, TN 37167

Membership application also available at [www.TNCRA.com](http://www.TNCRA.com). Send questions to administrator@tncra.com.