



**2020 MEMBERSHIP APPLICATION (FILL OUT ALL INFORMATION COMPLETELY)**

Name:		
Address:		E-mail:
City:	State:	ZIP Code:
District or County <small>Choose an item.</small>	Phone #:	

**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"/> Student (list school) <small>Click or tap here to enter text.</small>
<input type="checkbox"/> Retired <b><i>Must not be actively reporting</i></b>	<input type="checkbox"/> Other <small>Click or tap here to enter text.</small>		

<input type="checkbox"/> Professional dues: \$100	<input type="checkbox"/> Student dues: \$15
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Legislative Fund Contribution:  \$25  \$50  \$100  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!

**PLEASE REVIEW**

I am interested in being a student mentor.  Yes  No  
I am interested in being on a committee.  Yes  No  
List my contact info on the ACRA website.  Yes  No  
Share my contact info with event sponsors and affinity partners.  Yes  No

**SIGNATURE**

I do hereby certify that the information I provided is true and correct to the best of my knowledge and belief.

X  
\_\_\_\_\_

Signature of Applicant

*Make checks payable to "ACRA Membership Dues"*

Mail or E-mail to:  
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