



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 <i>Must not be actively reporting</i>	<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:
Karen Strickland
Alcra2015.01@gmail.com
P O Box 1995
Dothan, Alabama 36302