



## 2010 UCRA MEMBERSHIP APPLICATION/RENEWAL FORM

Name: \_\_\_\_\_

### BUSINESS ADDRESS INFORMATION

Firm name: \_\_\_\_\_

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Office phone: (    ) \_\_\_\_\_

Fax: (    ) \_\_\_\_\_

### HOME ADDRESS INFORMATION

Address: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail: \_\_\_\_\_

Home phone: (    ) \_\_\_\_\_

Mobile phone: (    ) \_\_\_\_\_

Address info to be published in the membership directory:     Business or  Home     Email  
 Phone numbers to be published in the membership directory:     Home  Office  Mobile  Fax

### REPORTING/CERTIFICATION INFORMATION

Primary employment:     Official     Freelance     Captioner     CART

Method of reporting:     Stenotype     Other \_\_\_\_\_

CAT software: \_\_\_\_\_

Certifications:     Utah CSR     RPR     CRR     RMR     RDR     CBC  
                            CCP     CLVS     CMRS     CPE     FAPR     CRI  
                            CLSP     Other \_\_\_\_\_

Services offered  Captioning     Conf Room     Video     Video Con     Realtime     CART  
 Fax     Scopist     Transcription  Litigation Support     Other \_\_\_\_\_

Name of referring UCRA member (new members only): \_\_\_\_\_

I certify that the above information is correct and I hereby make application for membership in the Utah Court Reporters Association. I pledge myself, if accepted, to abide by the requirements of the UCRA's Code of Professional Ethics and to support and subscribe to the preservation and advancement of the field of verbatim reporting by the use of shorthand symbols.

X \_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
CSR #

\_\_\_\_\_  
DATE

### PAYMENT INFORMATION

Form of Payment:  <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard  <input type="checkbox"/> Check <small>(if paying by check, please make it out to UCRA)</small>	I authorize UCRA to charge my credit card the amount of dues as noted:  <input type="checkbox"/> Professional \$100 <input type="checkbox"/> Associate \$50 <input type="checkbox"/> Student \$50  VISA/MC #: _____ AVS #: _____ Expiration Date: ____/____/____ Signature on Card: X _____ Name on CC: _____ CC Billing Zip: _____
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Questions: Please call (435) 647-9929 • email: [members@utkra.com](mailto:members@utkra.com) • visit our website at <http://www.utkra.com>  
**Please return to: Utah Court Reporters Association • P.O. Box 522444 • Salt Lake City, Utah 84152**