

ICRA – MEMBERSHIP APPLICATION OR RENEWAL

I hereby apply for membership in the Iowa Court Reporters Association and enclose my annual membership dues for the year. Check your correct membership category.

Membership year runs from January 1st through December 31st. Mail this form along with your dues check.

Professional member * (\$110)
***PROFESSIONAL MEMBERSHIP**

Any competent court reporter, captioner, or CART provider who is a resident of Iowa or is actively engaged as a court reporter in the state, having received a certificate as a Certified Shorthand Reporter as provided in Section 602, Code of Iowa, shall be eligible for professional membership in this association.

Nonresident member ** (\$50)
**** NONRESIDENT MEMBER**

Any court reporter, captioner, or CART provider who is a nonresident of Iowa and who is not actively engaged as a court reporter, captioner, or CART provider in Iowa and who would be otherwise ineligible as a participating member shall be eligible for nonresident membership.

Associate member * (\$50)**
***** ASSOCIATE MEMBER**

Any teacher of court reporting, captioning, or CART provider program or anyone connected in an official capacity with a school or college conducting such a course. Such persons need not meet the requirements for skill in the art of verbatim reporting of proceedings by the use of machine shorthand. Associate members are not entitled to vote.

Retired member ** (\$50)**

Any reporter no longer engaged in the reporting profession.

Student member ** (\$15)**

Any student enrolled in a court reporting, captioning, or CART provider program.

Friend of ICRA ** (\$40 minimum)**

Person, Business, or Firm wishing to support ICRA

Name _____ **Employer or Firm** _____

Address _____

City, State, Zip _____

Phone Home _____ **Office** _____

E-mail address(s) _____ **Website** _____

Please list your correct membership information for the Membership Directory.

Professional Designation (please circle all that apply):

O = Official Reporter FL = Freelance Reporter T = Teacher H = Honorary Member
BC = Captioner K = CART Provider S = Scopist

Certifications (please circle all that apply):

CSR = Certified Shorthand Reporter CRR = Certified Realtime Reporter CRI = Certified Reporting Instructor
RPR = Registered Professional Reporter CBC = Certified Broadcast Captioner CPE = Certified Program Evaluator
RMR = Registered Merit Reporter CCP = Certified CART Provider CMRS = Certified Manager of Reporting Services
RDR = Registered Diplomat Reporter CLVS = Certified Legal Video Specialist FAPR = Fellow of the Academy of Professional Reporters

Services Offered (please circle all that apply):

CT = Computer-Aided Transcription CI = Computer-Integrated Courtroom N = Notary Public R = Realtime V = Video

Would you like to be an officer or director of ICRA? Yes No

Indicate Committees on which you would be willing to serve:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Advanced Technology | <input type="checkbox"/> Distinguished Service Award | <input type="checkbox"/> Official | <input type="checkbox"/> Iowa Court Reporters Manual |
| <input type="checkbox"/> Bylaws | <input type="checkbox"/> Freelance | <input type="checkbox"/> Pro Bono | |
| <input type="checkbox"/> Captioning/CART | <input type="checkbox"/> Membership | <input type="checkbox"/> Professional Ethics | |
| <input type="checkbox"/> Convention | <input type="checkbox"/> Nominating | <input type="checkbox"/> Realtime Contest | |

Please note the city where you want to be listed if different from your home address: _____

Please let us know where you want your mail sent if you have furnished more than one address: _____ Home _____ Work

Please make check payable and mail to:

ICRA
Cindy Miller, ICRA Treasurer
2944 Miami Street
Osceola, IA 50213

DUES ENCLOSED	\$ _____
IF JOINING ON OR AFTER MARCH 1,	
ADD \$25.00 REACTIVATION FEE	\$ _____
MARY L. BROWN DONATION	\$ _____
DONATION TO ICRA	\$ _____
TOTAL ENCLOSED	\$ _____*

Questions? Call (515) 442-2451

*You may elect to pay your dues by automatic funds transfer from your checking or savings account. The minimum is \$9.20 per month. You can set this amount to be whatever you want. If amount is at least \$12.50, you will also be listed as a Friend of ICRA. Please fill out the Authorization for Preauthorized Payments form and send a voided check along with your completed application/renewal form.

****YOUR SIGNATURE REQUIRED**** *I hereby agree that the information provided on this document is true and correct. I further agree to abide by all of the terms and conditions of ICRA membership, including I agree I will not disseminate the information contained within the members-only section of the ICRA website to any non-ICRA member.*

Signature

Date

Authorization for Preauthorized Payments

I/We authorize the person(s) listed below to initiate debit entries to my/our account at the Financial Institution listed below, for the purpose of accomplishing the following preauthorized payments:

New Authorization Change to Previous Authorization

Debit Information:

Account Holder Name _____

Financial Inst. Name _____

Routing number (If not Bank Iowa) _____

Account Number _____

Checking Savings

Credit Information:

Account Holder Name _____

Financial Inst. Name _____

Routing Number (If not Bank Iowa) _____

Account Number _____

Checking Savings

***Please include a voided check/draft**

Amount \$ _____

Frequency Weekly Monthly _____

Effective Date _____ Termination Date _____

My/Our account will remain subject to its individual terms and conditions, which are not modified by this authorization. I/We acknowledge that the origination of these transactions must comply with the provisions of U.S. law.

I/We understand that this authorization will remain in full force and effect until the termination date stated above or until Bank Iowa has received notification from me/us of its termination in such time and in such manner as to afford Bank Iowa and the Depository a reasonable opportunity to act on it.

Name(s) (print or type) _____

Signature

Date

Signature

Date