

OCRA 2017-18 MEMBERSHIP APPLICATION & DIRECTORY LISTING

Renewals only: If your information has stayed the same as 2016-2017, check here: _____

NAME: _____

BUSINESS ADDRESS: _____

Address City State ZIP

HOME ADDRESS: _____

(For Legislative Purposes Only) Address City State ZIP

WORK PHONE: _____ FAX: _____ HOME PHONE: _____

CELL PHONE: _____ E-MAIL _____

- Do you want your home number published in the directory or on our Website? Yes No
- Do you want to include your e-mail address on our Website? Yes No

If you do **NOT** want your information published on the Website or Directory, please initial here: _____

(Check all that apply)

Captioner CART Freelance Official Instructor Student Other: _____

Firm / Courthouse / School: _____

Certifications: _____

(Please list all state certifications separately by state. All certifications must be listed to be included in directory.)

CAT System: Realtime reporter? Yes No

OCRA COMMITTEES (Check the committees for which you would like to volunteer)

- Bylaws Convention Cont. Ed./Seminars In Brief Fundraising Legislative
- Membership Nominating Photos Pro Bono Public Relations Student Liaison

MEMBERSHIP DUES (Check one)

- | | CASH | CREDIT CARD |
|--|----------|-------------|
| <input type="checkbox"/> Professional (Reporter working in Oregon) | \$135 | \$141.75 |
| <input type="checkbox"/> Associate (Teacher, Interested Person, Reporter working outside Oregon) | \$50 | \$52.50 |
| <input type="checkbox"/> Student | \$20 | \$21 |
| <input type="checkbox"/> Donation to student fund (write in amount) | \$ _____ | |

Enclosed is my check made payable to OCRA. \$ _____

MAIL TO: Catherine Alley Teach, Membership Chair, 520 SW Yamhill, Ste 444, Portland, OR 97204

PHONE: 503-299-6200 E-MAIL: cat@LNScourtreporting.com FAX: 503-299-6839

Charge my credit card: VISA MasterCard Billing zip code: _____ \$ _____

Account number: _____ Exp. date: _____

Signature: _____ Sec. code: _____

DO NOT EMAIL FORM IF PAYING BY CREDIT CARD – EITHER FAX OR GO ONLINE TO ORCRA.ORG TO PAY YOUR DUES

I certify that the contents of this application are accurate and complete and will advise the association of significant or material changes to the membership information. I agree to abide by the OCRA Bylaws, the written policies of the association, and in the decisions of duly constituted OCRA Committees. I agree that my membership may be subject to termination if this application contains false or misleading statements.

Signature: _____ Date: _____ (Signature required for membership activation.)

1. Membership dues may not be tax deductible. A notice will be sent out at the end of the year informing you what portion of your dues will be tax deductible, if any.
2. Membership expires June 30, 2018.