OCRA 2019-2020 MEMBERSHIP APPLICATION & DIRECTORY LISTING

Renewals only: If your information has stayed the same as last year, check here: ____

NAME: _____

BUSINESS ADDRESS: _____

HOME ADDRESS: (For Legislative Purposes) _____

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 ❑ 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**
❑ Professional (Reporter/captioner working in Oregon)	$135	$141.75
❑ Transitioning Professional members (first year after graduation)	$67.50	$ 70.90
❑ Associate (Teacher, Interested Person, Reporter working outside Oregon)	$50	$ 52.50
❑ Student	$20	$ 21.00
❑ Donation to student fund (write in amount)	$_____	

❑ Enclosed is my check made payable to OCRA. **MAIL TO: Juliane Petersen, Membership Chair, 2350 SW 178th Avenue, Beaverton, OR 97003.** **PHONE: 503-840-5271 E-MAIL: juliane.petersen@gmail.com**	$
❑ 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 – 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, 2020.