

KENTUCKY COURT REPORTERS ASSOCIATION
MEMBERSHIP APPLICATION (Rev. 10/2021)
(INCOMPLETE APPLICATIONS WILL BE RETURNED TO YOU)

A. IDENTIFYING INFORMATION

Name _____ DOB: Month _____ Year _____

Home Address:

Business Name and Address:

Home Phone: _____

Business Phone: _____

E-mail Address: _____

Fax Number: _____

Previous KCRA/KyCRA Member? Yes _____ No _____

If yes, by what name? _____

SCHOOL ATTENDED: _____

Address: _____

Graduation Date: _____

How long have you been engaged in the active practice of reporting?

Are you interested in donating time to the Pro Bono Program? Yes _____ No _____

B. MEMBERSHIP TYPE AND INFORMATION (CHECK ONE)

1. ACTIVE MEMBER _____ \$100.00 (must be reporting one year)

TYPE OF REPORTER: Freelance _____ State Official _____ Federal Official _____ Hearing _____
Legislative _____ Captioner _____ CART _____ Other _____

REPORTING METHOD: Stenotype Machine _____ Voice Writer _____ Pen Writer _____

CERTIFICATIONS: _____

(NOTE: LIST AND SUBMIT A COPY OF CURRENT CERTIFICATIONS)

SUPPORT SERVICES:

Computer-Aided Transcription _____ Conference Room _____ Litigation Support _____ Video _____
Realtime _____ Captioning _____ Video Conferencing _____ Interpreter _____ CART _____
Broadcast Captioning _____ Litigation Realtime _____

2. ASSOCIATE MEMBER _____ \$35.00

OPEN TO THE FOLLOWING (Check One)

- _____ Active member in good standing upon retiring (upon application to the secretary)
_____ Certified Legal Video Specialist
_____ Anyone professionally associated with or employed by an active member in good standing
(includes independent scopists and videographers)
_____ Teacher of shorthand reporting

3. STUDENT MEMBER _____ \$35.00

Name of School _____
School Address _____
Phone Number _____

C. ENDORSEMENT*

KyCRA Member (print) _____
Signature of Endorser _____ Date _____

*Required by an Active Member in good standing. A letter of recommendation must be enclosed by
KyCRA member

D. CERTIFICATION

I HEREBY CERTIFY that the foregoing information is true and correct, and I understand that any false or misleading statement shall be grounds for automatic expulsion from the Association. By making application to the Kentucky Court Reporters Association I have read and hereby agree to abide by all KyCRA bylaws, KyCRA Code of Professional Responsibility, and all laws governing court reporters working in the Commonwealth of Kentucky, including, but not limited to, the spirit, intent and the letter of the law of KRS454.280 (Kentucky's Anti-Contracting Law).

Signature of Applicant _____
Date _____

MAKE CHECK PAYABLE AND MAIL TO:

KYCRA
P.O. Box 166
Lexington, KY 40588