



# MEMBERSHIP APPLICATION

## CONTACT INFORMATION

First Name	Middle	Last Name		
Mailing Address	City	State	Zip	
Street Address	City	State	Zip	County
Work Phone	Home Phone	Cell Phone	Fax	
E-mail Address	Website Address			

## MEMBERSHIP CLASSIFICATION

- PARTICIPATING MEMBER** ..... \$75  
Any certified court reporter who is the holder of a valid certificate, and is a financial dues contributor of GCCRA.
- STUDENT MEMBER** ..... \$25  
Any person currently enrolled in a court reporting instructional program and not actively engaged in reporting.  
School: \_\_\_\_\_
- ASSOCIATE MEMBER** ..... \$50  
Any person with a direct relation to court reporting, i.e., retired reporter, instructor, videographer, scopist, transcriptionist, proofer, or vendor, not actively engaged in reporting.

- |   |   |                                       |
|---|---|---------------------------------------|
| <input type="checkbox"/> Retired Reporter | <input type="checkbox"/> Transcriptionist | <input type="checkbox"/> Videographer |
| <input type="checkbox"/> Instructor       | <input type="checkbox"/> Proofer          | <input type="checkbox"/> Other _____  |
| <input type="checkbox"/> Interpreter      | <input type="checkbox"/> Scopist          |                                       |

## CR CREDENTIALS

- |   |  |
|---|--|
| <b>GEORGIA:</b><br><input type="checkbox"/> CCR - Certified Court Reporter<br><br><b>NVRA:</b><br><input type="checkbox"/> CVR - Certified Verbatim Reporter<br><input type="checkbox"/> RVR - Realtime Verbatim Reporter<br><input type="checkbox"/> CM - Certificate of Merit | <b>NCRA:</b><br><input type="checkbox"/> RPR - Registered Professional Reporter<br><input type="checkbox"/> RMR - Registered Merit Reporter<br><input type="checkbox"/> RDR - Registered Diplomat Reporter<br><input type="checkbox"/> CRR - Certified Realtime Reporter<br><input type="checkbox"/> CBC - Certified Broadcast Captioner<br><input type="checkbox"/> CCP - Certified CART Provider<br><input type="checkbox"/> CRI - Certified Reporting Instructor<br><input type="checkbox"/> CPE - Certified Program Evaluator<br><input type="checkbox"/> CLVS - Certified Legal Video Specialist<br><input type="checkbox"/> MCRI - Master Certified Reporting Instructor<br><input type="checkbox"/> CMRS - Certified Mngr of Reporting Services |
|---|--|

## VALUE-ADDED SERVICES

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Captioning        | <input type="checkbox"/> E-Transcript          | <input type="checkbox"/> PDF Transcripts   |
| <input type="checkbox"/> CART              | <input type="checkbox"/> Word Indexing         | <input type="checkbox"/> FTP Transmission  |
| <input type="checkbox"/> Realtime          | <input type="checkbox"/> Condensing            | <input type="checkbox"/> Online Repository |
| <input type="checkbox"/> Rough Draft ASCII | <input type="checkbox"/> Audio Synchronization | <input type="checkbox"/> Transcription     |
| <input type="checkbox"/> E-Signature       | <input type="checkbox"/> Videoconferencing     |  |

## CR EMPLOYMENT CAPACITY

- Freelance: \_\_\_\_\_  
Name of Your Business
- Official: \_\_\_\_\_  
Name of Court
- Firm Owner: \_\_\_\_\_  
Name of Firm
- Firm License No.: \_\_\_\_\_

## CAT SOFTWARE

- |  |                                      |                                    |
|--|--------------------------------------|------------------------------------|
| <input type="checkbox"/> AristoCAT     | <input type="checkbox"/> DigitalCAT  | <input type="checkbox"/> ProCAT VR |
| <input type="checkbox"/> AudioScribe   | <input type="checkbox"/> Eclipse     | <input type="checkbox"/> StenoCAT  |
| <input type="checkbox"/> Case CATalyst | <input type="checkbox"/> Eclipse VoX | <input type="checkbox"/> TurboCAT  |
| <input type="checkbox"/> CATalyst VP   | <input type="checkbox"/> ProCAT XP   | <input type="checkbox"/> VocEdit   |

## TRANSCRIPTION PROCESSES

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Regular Cassette | <input type="checkbox"/> 4-Track Cassette | <input type="checkbox"/> Postal Service     |
| <input type="checkbox"/> Micro Cassette   | <input type="checkbox"/> Digital          | <input type="checkbox"/> FTP                |
| <input type="checkbox"/> 2-Track Cassette | <input type="checkbox"/> 4-Track Digital  | <input type="checkbox"/> Corel Word Perfect |
| <input type="checkbox"/> 2-Track Digital  | <input type="checkbox"/> Video            | <input type="checkbox"/> Microsoft Word     |
|   |   | <input type="checkbox"/> Resumes/References |

## CR LICENSE NUMBER

Court Reporter License No.: \_\_\_\_\_

## METHOD OF REPORTING

- Machine                       Pen                               Voice

## SERVICES UTILIZED

- Proofer                       Scopist                       Transcriptionist

## INTERPRETER

- |                                    |                                     |                                   |
|------------------------------------|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Spanish   | <input type="checkbox"/> Portuguese | <input type="checkbox"/> German   |
| <input type="checkbox"/> Japanese  | <input type="checkbox"/> Vietnamese | <input type="checkbox"/> Persian  |
| <input type="checkbox"/> Korean    | <input type="checkbox"/> Croatian   | <input type="checkbox"/> Romanian |
| <input type="checkbox"/> French    | <input type="checkbox"/> Serbian    | <input type="checkbox"/> Arabic   |
| <input type="checkbox"/> Cantonese | <input type="checkbox"/> Russian    | <input type="checkbox"/> Haitian  |
| <input type="checkbox"/> Mandarin  | <input type="checkbox"/> Polish     | <input type="checkbox"/> Bosnian  |

Signature \_\_\_\_\_ Date \_\_\_\_\_

Membership year, July 1 through June 30.

Membership information is compiled for use in the membership directory as well as GCCRA statistics. Only contact information will be included in the directory.

REMIT TO: GCCRA • P.O. Box 4024, Cartersville, GA 30120