



## REGISTRATION FORM

Full Name \_\_\_\_\_ NCRA ID # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**Print and fill out this page and email or mail with payment to:**

North Carolina Court Reporters Association  
1200 Smith Creek Way  
Wake Forest, NC 27587  
nccratreasurer@gmail.com

☐ Member - \$50

☐ Non-Member - \$75

☐ Student - Free

### Method of Payment

\_\_\_ Check Enclosed (Payable to NCCRA) \_\_\_ MasterCard \_\_\_ Visa \_\_\_ Amex

Card Number \_\_\_\_\_

Expiration Date (MM/YR) \_\_\_\_\_ Security Code (CVV) \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Authorized Signature \_\_\_\_\_