



STENOGRAPH | TECHNOLOGY | AGENCIES | REPORTERS

## Society for the Technological Advancement of Reporting Membership Application

New  Renewal

STAR member dues cover a period that begins **November 1** and ends **October 31**. Membership is on an individual basis and is not transferable. The STAR Membership Directory is based on information provided on this form. (Please type or print.)

Name (Prefix, First, Middle Initial, Last)		Position
Business Name		
Business Address		<input type="checkbox"/> Make Primary
Business Phone	Toll Free Number	Fax
Web Address		
Home Address		<input type="checkbox"/> Make Primary
Cell Phone	Home Phone	NCRA #
Primary Email Address - <i>By providing your email address, you agree to accept valuable member information sent electronically.</i>		
Certifications: <input type="checkbox"/> RPR <input type="checkbox"/> RMR <input type="checkbox"/> RDR <input type="checkbox"/> CRR <input type="checkbox"/> CLVS <input type="checkbox"/> CMRS <input type="checkbox"/> CRI <input type="checkbox"/> CPE <input type="checkbox"/> FAPR <input type="checkbox"/> CBC		
CSR State(s) _____ CSR# _____ Other: _____		
Name of the STAR member you were referred by		
Would you like to be listed in our Online Member Directory? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**MEMBERSHIP CATEGORIES: Please check (✓) one:**

<b>Reporting Member</b> <input type="checkbox"/> Freelance <input type="checkbox"/> Official Reporter	<b>\$150.00 USD</b>
<b>Agency Member</b> <input type="checkbox"/> Firm Owner <input type="checkbox"/> Co-owner	<b>\$150.00 USD</b>
<b>Associate Member</b> (Vendor, other support professional)	<b>\$75.00 USD</b>
<b>Student</b>	<b>\$40.00 USD</b>
Include hotlink to my website in membership directory.	<b>\$125.00 USD</b>
<b>Total amount enclosed/authorized to charge:</b>	

I hereby make application for membership in the Society for the Technological Advancement of Reporting and pledge myself to abide by the requirements of the Bylaws of the Society as they are now and may be amended in the future. By providing the above information I consent to receive faxes, emails and other communications from STAR or on behalf of STAR.

**PAYMENT:** Membership runs November 1 - October 31 of the following year.

Check enclosed # \_\_\_\_\_

Credit Card Payment:  American Express  MasterCard  Visa

Account # \_\_\_\_\_ CVV Code \_\_\_\_\_ Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Print Cardholder Name: \_\_\_\_\_

Cardholder's Address: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

**ANNUAL AUTO RENEWAL:** For uninterrupted service, STAR will automatically bill your credit card at the current renewal rate once a year in October. You will receive an email notification prior to the charge. By checking this box, you confirm you understand that this authorization will remain in full force and effect until STAR has received written notification of its alteration or termination at least 30 days prior to the next scheduled charge.