

Membership Application

Join online: www.caldra.org

Mail Application to:
DRA of California
4733 Torrance Boulevard, #815
Torrance, CA 90503
E-mail: memberservices@caldra.org

Name		CSR #		☐ NCRA Mem	ber #	
Firm/School	····			Firm Owner	Instructor	Student
Address	City/C	County/State/Zip				
E-mail	Website		Home Phone	9		******************************
Cell Phone	Office Phone		Fax	***************************************		
Referred by		OR	☐ Facebook	☐ Direct Mailin	ng 🗌 Interr	net search
Have you ever been a member of DRA before?	☐ Yes ☐ No	Lis	st me on DRA's	website as avail	able for freela	nce work
PLEASE READ: 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 DRA Bylaws, its code of professional conduct, the written policies of the association, and in the decisions of duly constituted DRA Committees. I agree that my membership may be terminated immediately if this application contains false or misleading statements. You may read the DRA COPE and DRA BYLAWS on our website www.caldra.org . By initialing you are agreeing to the above terms and conditions. *						
Membership Options						
Professional		ee-year professional eposition reporting, ANI				
Associate	ed from working as an Off nia; OR a non-Calif CSR wl	ho holds a state issued	resides outside o stenographic lice	of California, AND nse/certification, a	holds a current of and/or the RPR	CSR
Student or 1st Year CSR	(Fu	itructorull time Instructors who ach at institutions recog	are nonreportin	-	ot CSRs, who	
Payment Information						
Check #enclosed (payable to DRA) in the	amount of \$		_		
☐ Charge \$ to my:	□visa □m/c □	Discover				
Account Number		Expiratio	n Date/_		3-digit pin _	
Cardholder's Name		Signature				
CC Billing Address(If different from		City/State	e/Zip			
(If different from (Membership is for one year from the date dues are r		r dues will be used for lo	bbying activities	as defined by the	Revenue Reconc	iliation Act

Deposition Reporters Association of California 4733 Torrance Boulevard, #815, Torrance, CA 90503 (888-867-2074)

of 1993. NOTE: Checks returned from the bank for any reason will be assessed a \$25 service fee.