

STENOCAT USERS NETWORK MEMBERSHIP APPLICATION/RENEWAL FORM

Please fill in ALL information requested.

NAME _____ COURT/FIRM _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____ E-MAIL _____

CELL PHONE: _____

(by providing this number, you consent to receiving texts from SUN if necessary)

Have you previously been a SUN Member? Yes ___ No ___

Please select a membership category and indicate the amount of dues you are paying. The membership period runs from the date you become a member. Note the discount for two-year membership.

Professional Membership Dues: \$75 one year ___ \$125 two years ___
Freelance ___ Official ___ Captioner ___ CART Reporter ___

Associate Membership Dues: \$50 one year ___ \$84 two years ___
Scopist ___ Proofreader ___ Other ___

Student Dues: \$25 one year ___

Please Provide Applicable Professional Certifications

CSR or CCR Number ___ State ___ NCRA Number ___
RSR ___ RPR ___ RMR ___ RDR ___ CRR ___ CRC ___ CRI ___

PAYMENT OPTIONS: Check No. ___ Credit Card Number ___
VISA ___ MASTERCARD ___ DISCOVER ___ AMERICAN EXPRESS ___

Expiration Date: _____ Security Code: _____

Name on Credit Card: _____

Billing Address: _____

City: _____ State: _____ ZIP Code: _____

Please exclude my information from the membership directory: _____

(Sign above if directory exclusion is desired. If not excluded, the SUN Membership Directory is accessed by SUN Members only and will show your name, e-mail address, phone number, city, state, zip code, and primary reporter type. No other information will be made public.)

I would be interested in serving on a committee: Yes ___ No ___

Include me in group e-mails: Yes ___ No ___

Indicate your assent by typing in or signing your full name below:

I, _____, agree to abide by the Bylaws of StenoCAT Users Group, Inc., d/b/a StenoCAT Users Network.

E-MAIL COMPLETED FORM TO: stenocatusersnetwork@gmail.com
IF PAYING BY CHECK, PRINT AND MAIL TO:
StenoCAT Users Network
P.O. Box 30746
Walnut Creek, CA 94598