

STENOCAT USERS NETWORK MEMBERSHIP APPLICATION/RENEWAL FORM

Please fill in ALL information requested and print very legibly if faxing the completed form

NAME	COURT/FIRM		
MAILING ADDRESS	CITY	STATE	ZIP CODE
DAYTIME PHONE	ALTERNATE PHONE		
FAX	E-MAIL		
StenoCAT Software Version	Have you previously been a SUN member?		

Please select a membership category and indicate the amount of dues you are paying. The membership year runs from February 1 through January 31 of each year. Note the discount for two-year membership.

<p><u>Professional Dues:</u></p> <p>\$75 / yr ____ \$125 / 2 yrs ____</p> <p>Freelance ____ Official ____ Captioner ____ CART Reporter ____</p>	<p><u>Associate Dues</u></p> <p>\$50 / yr ____ \$84 / 2 yrs ____</p> <p>Scopist ____ Proofreader ____ Other ____</p>
<p><u>Student Dues</u></p> <p>\$25 / yr ____</p>	<p><u>Vendor Dues</u></p> <p>\$50 / yr ____</p>

If paying by mail or fax, please select one: Visa ____ MasterCard ____ Discover ____ Check No. ____

Exact name on card:

Card Number:

Billing Address:

Exp. Date: _____ *Security Code:* _____

Billing City, State, Zip

Please Provide Applicable Professional Certifications

**CSR or CCR
(state and number):**

NCRA Number:

RPR ____ **RMR** ____ **RDR** ____ **CRR** ____ **CMR** ____
OTHER _____

Please exclude my information from the membership directory: _____
(Sign above if directory exclusion is desired)

Exclude the following information from the directory: _____

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

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

My information may be given to vendors of reporting products/services: Yes ____ No ____

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

I, _____

agree to abide by the constitution and bylaws of StenoCAT Users Group, Inc., d/b/a StenoCAT Users Network

**Fax Completed form to 877-592-5963 or
Mail to:
StenoCAT Users Network, 1527 Crockett Hills Boulevard, Brentwood, TN 37027
QUESTIONS? E-mail us at stenocatusersnetwork@gmail.com**