



TEXDRA MEMBERSHIP APPLICATION – 2024-2025 (Individuals)

Member Information

Date: _____
First Name: _____ Last Name: _____
Email Address: _____
Work phone (cell phone preferred): _____
Cell phone (if other than work phone): _____
Primary Address (include street address, city, state, zip): _____

County (important for Directory listing): _____
Mailing Address if different than primary address (include street address, city, state, zip): _____

Choose Your Membership Level

- **Professional:** Must be a current Texas CSR in good standing, voting member - \$150
- **Associate:** Out-of-state, non-Texas CSR court reporters, videographers, scopists, proofreaders, instructors, etc., non-voting member - \$150
- **Student - In State:** Any current student studying court reporting (steno or voice), non-voting member - FREE
- **Student - Out of State:** Any current student studying court reporting (steno or voice), non-voting member - \$20
- **Supporting Professional:** Must be a current TX CSR in good standing, *lifetime membership*, voting member - \$1,500

Additional Information

Texas CSR # _____ Is your CSR in good standing? Circle one: Yes No
What is your shorthand method? Circle all that apply: Pen Machine Oral
Areas of Practice - circle all that apply: Deposition Court CART Captioning Other: _____

Are you accepting in-person work? Circle one: Yes No Are you willing to travel? Circle one: Yes No
Same-day rough draft? Circle one: Yes No Realtime capable? Circle one: Yes No
What school did (or do) you attend? _____
Other certifications: _____
Referred by: _____

**Once your membership has been accepted, you will receive instructions via email on how to log into and modify your profile. Please review all of the information to make sure everything is correct and up to date.*

Payment Options

Credit card: Amount: _____ Type of card (circle one) AMEX Visa Mastercard Discover
Card #: _____ Exp: _____ CVV: _____
Is the billing address the primary or mailing address? Circle one: Primary Mailing
If not, please provide here: _____
If paying by check, make check out to TEXDRA and mail to PO Box 11416, College Station, TX 77842

THANK YOU FOR SUPPORTING TEXDRA!!