

**NC-AOCR 2024-2025 MEMBERSHIP FORM/LOBBYIST FUND CONTRIBUTION  
June 2024**

Name (list your certifications here) \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Current District/Division/Area of Assignments \_\_\_\_\_

*Are you a new NC Official Court Reporter? If so, what was your hire/start date?* \_\_\_\_\_

Software you are on? \_\_\_\_\_

Birth day and month (for public Association acknowledgment) \_\_\_\_\_

Would you like your address distributed to Association members for cards? Yes or No

**PLEASE *CIRCLE* items below for which you are including payment.**

		Member	Non-member
1	NC-AOCR 2024-25 Membership Have you already paid online <a href="http://www.ncaocr.org">www.ncaocr.org</a> and updated your contact information? Yes _____ No _____	50.00	
2	Please select one: Retired _____ Student _____	25.00	
3	Optional Block Files disc – Updated with new font (Please specify software by circling below.) Eclipse _____ CaseCAT _____	60.00	150.00
4	<b>Tax-deductible Lobbyist Fund Contribution Amount</b> (Each OCR’s annual share equals \$72.50 (6.04/month) for representation and advice regarding legislative issues.) <b>(Please fill in an amount to the right.)</b>	72.50	
5	<b>Total of lines 1-4 above</b>		

**To Pay:** Visit [www.ncaocr.org](http://www.ncaocr.org) under the MEMBERS tab, then Join/Renew to pay the total amount due on line 5 using our online payment services **OR** make check for the total amount due on line 5 payable to NC-AOCR and return with this form to:

**Donna T. Chandler**  
**NC-AOCR TREASURER**  
**535 Cornell Drive**  
**Indian Land, SC 29707**