



2008 INFORMATION SHEET

Please remit your dues, along with any changes in your personal information, so that the CSRAO directory can be updated and so that your name can be put on the CSRAO web site as being a member in good standing.

Name		
Designations (CSR, etc.)		
Address: Street		
City		
Postal Code		
Telephone: Home	()	
Work	()	
Cell	()	
Affiliation	Fellow <input type="checkbox"/> Associate <input type="checkbox"/> Affiliate <input type="checkbox"/> Retired <input type="checkbox"/>	
Job Type	Freelance <input type="checkbox"/> Official <input type="checkbox"/> Captioner <input type="checkbox"/> CART <input type="checkbox"/> Real-time <input type="checkbox"/>	
Major Employer		
Reporting Method	CAT <input type="checkbox"/> Pen Shorthand <input type="checkbox"/> Machine Shorthand <input type="checkbox"/> Other (please detail)	
CAT System	Case CATalyst <input type="checkbox"/> Eclipse <input type="checkbox"/> StenoCAT32 <input type="checkbox"/> ProCat <input type="checkbox"/> Other (please detail)	
Services Provided	Litigation Real-time <input type="checkbox"/> CART <input type="checkbox"/> Captioning <input type="checkbox"/> Standard reporting services <input type="checkbox"/>	
PAYING BY CHEQUE		
Please make cheque payable to	C.S.R.A.O.	
Amount	Fellows/Associates (working reporters)	\$ 100.00
	Students/Affiliates/Retired Fellows/Retired Associates	\$ 30.00
PAYING BY CREDIT CARD (Visa and MasterCard)		
Amount to be paid (see rates above - \$100 or \$30)	\$ 100.00 <input type="checkbox"/>	\$30.00 <input type="checkbox"/>
Credit Card Type	Visa <input type="checkbox"/> MasterCard <input type="checkbox"/>	
Credit Card Number		
Expiry Date	/	
Authorized Signature for Card		
MAIL TO:		FAX TO:
Chartered Shorthand Reporters (CSRAO) L'Association des sténographes agréés de l'Ontario (ASAO) Suite 425, 157 Adelaide Street West Toronto, Ontario M5H 4E7		(416) 812-6116
NOTE: E-mailing of sensitive credit card information is not encouraged.		