**Indiana Cancer Registrars Association**

**Membership Application**

**2019 – 2020**

Name

Credentials ❑ CTR ❑ LPN ❑ RHIA ❑ RHIT ❑ RN ❑ Other

Employer

Address

City State Postal Code

Phone ( ) Fax ( )

E-Mail Address

***Information above will be used for all communication from ICRA. If you prefer different information be listed in the ICRA Membership Directory, please provide the information on the reverse side of this application form.***

Current position

How long in this position? How long in cancer registry field?

Please provide contact information for your director/manager/supervisor

Name

Address

City State Postal Code

Phone ( ) Fax ( )

E-Mail Address

***ICRA may occasionally contact this person to encourage and/or recognize support for the cancer registry profession.***

My current ICRA membership status is:

❑ Current member ❑ Former member ❑ New member ( )

*Indicate who referred you if applicable*

I am applying for the following membership:

❑ Active ($25) ❑ ***Reinstated\* ($35)*** ❑ Associate ($20) **❑ Student\*\* ($10)**

*\*****A former member whose membership has been forfeited by non-payment of dues must apply for reinstated status.***

***\*\*A person enrolled in college level curriculum and not actively employed in a cancer registry position may apply for student status. Proof of enrollment in Allied Health Field is required.***

❑ I am interested in serving on a Committee ❑ I give permission for my information to be released to vendors

Applicant’s signature Date

***Please make your check payable to Indiana Cancer Registrars Association or ICRA and mail to:***

Martha A. Hill, CTR

ICRA Membership Chairperson

5096 South County Road 740 West

Medora, IN 47260