



# ARKANSAS CANCER REGISTRARS ASSOCIATION

## MEMBERSHIP APPLICATION FORM

Active \_\_\_\_\_ Dues \$20.00 Associate \_\_\_\_\_ Dues \$10.00  
\_\_\_\_\_ Dues \$30.00 (after February 15) \_\_\_\_\_ Dues \$15.00 (After February 15)

Corporate Rate: \_\_\_\_\_ \$100.00 1 to 5 members  
\_\_\_\_\_ \$200.00 6 to 10 members  
\_\_\_\_\_ \$300.00 11 to 15 members

Name \_\_\_\_\_ CTR RHIA RHIT Other \_\_\_\_\_  
(Circle any that apply)

Date of Birth(optional) \_\_\_\_/\_\_\_\_/\_\_\_\_

Facility Name \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

Job Title \_\_\_\_\_ Years \_\_\_\_\_

Home Address (optional) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Preferred Email Address \_\_\_\_\_

Interested in running for office? President elect \_\_\_\_\_ Secretary \_\_\_\_\_ Treasurer \_\_\_\_\_

Which committee would you like to serve on? Ways and Means \_\_\_\_\_  
Newsletter \_\_\_\_\_  
Bylaws \_\_\_\_\_  
Program \_\_\_\_\_

Please complete this form and make check payable to Arkansas Cancer Registrars Association (ArCRA) and mail to: **Sharon DeRamus CTR**

**1980 CR 3027  
Eureka Springs Arkansas  
72632**

I hereby apply for membership and agree to abide by the bylaws and conduct myself professionally in accordance with the code of ethics of the association

Signed \_\_\_\_\_ Date \_\_\_\_\_

Mailing preference Work \_\_\_\_\_ Home \_\_\_\_\_