

**Indiana Cancer Registrars Association
Membership Application
2020 – 2021**

Name _____

Employer _____

Please print or type information you would prefer for communication and placed on the ICRA Website Membership Directory:

Check one: Employer Address Home Address

Address _____

City _____ State _____ Postal Code _____

Phone (_____) _____ Fax (_____) _____

E-Mail Address _____

Educational background: _____ RHIT _____ CTR _____ LPN _____ RN _____ RHIA

Number of years in Registry field _____ Current position _____

Are you a: _____ Current Member _____ Associate _____ **Re-Instated Member**** _____ **Student***

_____ New Member of ICRA? Referred by: _____

_____ Active (\$25) _____ **Re-Instated** (\$35)** _____ Associate (\$20) _____ **Student*(\$10)**

***A person who is enrolled in a college level curriculum and is interested in the purpose of ICRA and is not actively employed in a cancer registry.**

****A former member whose membership has been forfeited by non-payment of dues and new application is being submitted.**

Would you be interested in serving on a Committee? _____ Yes _____ No

Would you allow your name and work address to be released to vendors upon request? _____ yes _____ No

Director/Supervisor/Manager for important ICRA correspondence:

Name: _____

Address _____

City _____ State _____ Postal Code _____

Phone (_____) _____ Fax (_____) _____

E-Mail Address _____

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

Applicant's signature _____ Date _____