

**Indiana Cancer Registrars Association  
Membership Application  
2022-2023**

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            \_\_\_\_ **Student\***

\_\_\_\_ New Member of ICRA?            Referred by: \_\_\_\_\_

\_\_\_\_ Active (\$25)      \_\_\_\_ 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.**

**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**

**Membership Expires on March 31, 2023**

**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 \_\_\_\_\_