

# MCRA - Montana Cancer Registrars Association

## 2010 Membership Application form

### Demographic Information

Name: \_\_\_\_\_

(Last name, First Name, MI - Please print)

Credentials:  CTR  RHIT  RHIA  RN  Other

Title: \_\_\_\_\_

Organization: \_\_\_\_\_

Mailing Address:

Fill in both addresses then check box where you want MCRA mailings to go.

Work:

\_\_\_\_\_

Home:

\_\_\_\_\_

Work Phone: ( ) \_\_\_\_\_ Ext: \_\_\_\_\_ Home Phone: ( ) \_\_\_\_\_

Fax: ( ) \_\_\_\_\_ E-mail: \_\_\_\_\_

### Activity Information

How or what are you interested in contributing to MCRA?

**Run for Office**

- President  
 Vice-President  
 Secretary/Treasurer  
 Education Chair

**Host a Meeting**

- One Day  
 Two Day

**Serve on a Committee**

- Bylaws  Membership  Nominating  
 Education  Public Relations (Newsletter)

### Membership Information

What category of membership are you applying for:

- Active Member (\$ 25.00)  Student Associate Member (\$ 10.00)  
 Associate Member (\$ 15.00)  Sustaining (Organization) (\$ 50.00)

*Active Member:* Active membership entitles all membership privileges, right to vote, hold office or chair a committee.

*Associate Member:* Associate membership shall be any person indirectly involved in Cancer Registry activities who may wish to be a supportive member. Associate members are not entitled to vote, hold office or chair a committee.

### Please Sign Here

I hereby wish to apply for membership and agree to abide by MCRA's bylaws:

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

Send to: Paige Johnson, CTR  
MT Central Tumor Registry  
PO Box 202952  
Helena MT 59620