

MCRA - Montana Cancer Registrars Association

2011 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: LINDA FURLONG, CTR
ST VINCENTS HOSPITAL
PO BOX 35200
BILLINGS MT 59107