



2019 OCRA MEMBERSHIP APPLICATION

NEW Membership **RENEW Membership - Member since _____**

Name _____ Credentials: _____ Birthdate _____ / _____
Month Day

Membership Categories and Annual Dues

ACTIVE (\$30): A CTR or a person whose primary occupation is involved in any or all facets of registry work. Active members are eligible to vote and may be eligible to hold office or chair a committee if dues are postmarked by January 31st. ***New members may hold office after one year.**

ASSOCIATE (\$20): A person interested in the purpose of the OCRA who does not meet the requirement for Active membership. Associate members shall not vote, hold office or chair a committee. ***Associate members may be appointed to serve on a committee.**

Institutional Affiliation: _____

Job Title: _____ CoC Accredited Yes No

The information provided below will be **listed** in the Membership Directory

Please check the appropriate box: Business Home

Address: _____

Telephone: (____) _____ - _____ Ext _____ Fax: (____) _____ - _____

E-Mail: _____

PLEASE NOTE: All official OCRA correspondence will be sent to your email address unless otherwise specified.

Check if applicable: Mail correspondence

Are you currently a member of the **National Cancer Registrars Association?** Yes No

Are you a CTR? Yes No OR CTR Eligible? Yes No

I hereby apply for membership and agree to abide by the bylaws of the Oklahoma Cancer Registrars Association. To protect the privacy of our organization, members should refrain from sharing or distributing the "membership roster" for soliciting or marketing purposes.

Signed: _____ Date: _____

Make check or money order payable to:

OKLAHOMA CANCER REGISTRARS ASSOCIATION

Please mail OCRA membership application and a check or money order to the Membership Chair:

**Aleisha Williams
P.O. Box 50613
Midwest City, OK 73140**