



OCRA MEMBERSHIP APPLICATION/RENEWAL FORM

Name/title _____ Birth date: ____/____/____
*Please list any credentials** Month Day

Actively engaged in cancer registry work:

____ Active Member: \$30.00 Member since _____

Actively engaged in related work or interested in the purpose of the Association:

____ Associate Member: \$20.00 Member since _____

Institutional Affiliation: _____

Job Title: _____ **Are you CoC Accredited:** Y____ N____

Business/Home Address:

_____ (Business/Home address appears on the membership list – this information may be utilized by members, if needed).

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

E-Mail: _____

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

(check one) email correspondence ____ regular mail correspondence ____

I hereby apply for membership and agree to abide by the bylaws of the Oklahoma Cancer Registrars Association.

Signed: _____ **Date:** _____

Are you currently a member of the National Cancer Registrars Association? Y____ N____

Are you a CTR? Y____ N____ Are you CTR eligible? Y____ N____

Please mail OCRA membership form along with a check or money order ***postmarked no later than January 31st*** of the current year to the OCRA Membership Committee Chairperson.

Make check or money order payable to: **OKLAHOMA CANCER REGISTRARS ASSOCIATION.**

Mail to: Saint Francis Hospital
Attn: Danette Clark, Cancer Data Services
6161 South Yale Ave
Tulsa, OK 74136

Year 2012