**Benefits of memership**

1. **Quarterly newsletter**
2. **Reduced Registration Fees**
3. **CTR pin for members passing the national certification exam**
4. **Educational Materials**
5. **Leadership and Networking opportunities**

**MEMBERSHIP STATEMENT**

We are pleased that you have decided to become a member of ACRA. Our goal and objective is to enhance your expertise with on-going continuing education related to cancer registry management.

To get involved with ACRA, consider working on a committee, submitting an article to the newsletter or run for office. Your suggestions, ideas and comments are always welcome!

**Annual dues Active Membership are $30.00, Student Membership $15.00.**

A reinstatement fee of $10.00 is charged for late payment for existing members only. Our calendar year runs from Oct 1st – Sept. 30th

Please make all checks payable to **Alabama Cancer Registry Association** **(ACRA).** Submit your payment to the current treasurer.

**MAIL TO:**

**ACRA**

**Kelly Evers, Treasurer**

**200 Medical Center Drive**

**Gadsden, Alabama 35903**

**Kelly\_evers@gadsdenregional.com**

**Alabama cancer registrar association**



**alabama cancer registrars’ association**

**Membership application**

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LastName\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_MI\_\_\_\_\_\_\_Credentials\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Birthdate\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(optional)

Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_ZipCode\_\_\_\_\_\_\_\_\_

Work phone (\_\_\_\_\_)\_\_\_\_\_\_\_\_\_FAX(\_\_\_\_\_\_)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Home Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

May we publish your home phone number in the membership roster? \_\_\_\_\_\_\_\_\_Yes \_\_\_\_\_\_\_\_\_No

Preferred mailing address location \_\_\_\_\_\_\_Business (use aforementioned address) \_\_\_\_\_\_Home (use address below)

Home mailing address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZipCode\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What facet(s) of cancer data or registry work does your job duties include?

Administration/supervision of cancer program \_\_\_\_\_Registry Management\_\_\_\_ Abstracting\_\_\_\_ Follow-up\_\_\_\_\_ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you currently a member of the National Cancer Registrars Association (NCRA)? \_\_\_\_\_Yes \_\_\_\_\_\_\_No

Have you ever been a member of ACRA? \_\_\_Yes \_\_\_\_No

If yes, reason you left ACRA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Educational Background **(optional**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relevant Work History\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I hereby apply for membership in ACRA: Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_