WISCONSIN CANCER REGISTRARS' ASSOCIATION
MEMBERSHIP APPLICATION – 2011

NAME: _____

TITLE: _____

EMPLOYER: _____

EMPLOYER'S ADDRESS: _____

CITY: _____STATE: _____ ZIP CODE: _____

BUSINESS PHONE: (_____) _____-_____ EXT. _____

BUSINESS FAX: (_____) _____-_____ VENDOR: _____

WORK DAYS: _____ HOURS: _____

E-MAIL ADDRESS: _____

HOME ADDRESS: _____

CITY: _____STATE: ____ ZIP CODE:_____
HOME PHONE: (_____) _____-_____

PREFERRED MAILING ADDRESS: **BUSINESS** ☐ **HOME** ☐

CREDENTIALS: CTR ☐ RHIT ☐ RHIA ☐ LPN ☐

RN ☐ OTHER ☐ _____

MEMBERSHIP CATEGORY: before 12/31/10 ACTIVE ($20.$\underline{00}$) ☐
ASSOCIATE ($25.$\underline{00}$) ☐

after 12/31/10 ACTIVE ($25.$\underline{00}$) ☐
ASSOCIATE ($30.$\underline{00}$) ☐

Active: An active member is directly involved with any or all facets of Cancer Registry work; that is, one who works directly with the operation, function or supervision of Cancer Registry.

Associate: An associate member is one who is not directly involved with Cancer Registry work itself, but has an interest in Cancer Registry work or in the field of oncology.

SIGNATURE: _____ DATE: _____

Please make your check payable to WCRA. Dues must be paid by December 31st, 2010

Return to: Nancy Sonnleitner
291 Graceland Drive
Oshkosh, WI 54904