

CRAAZ 2019 Membership Application

PO Box 36534

Phoenix, AZ 85067

Federal Tax ID# 86-0902403



Please submit the completed form with payment (check or money order only) to the PO Box noted above by March 31st, 2019 to avoid late fees.

New Renewal Check box if contact information has changed from last year.

Today's Date (mm/dd/ccyy): / /

CTR RHIT RHIA OTHER (Please State) Name:

Employer: _____ Title: _____

Years in the registry field 0-3 4-10 11-20 21+

E-mail Address: _____

Preferred Address: Home Work

Address: _____

City: _____ State: _____ Zip: _____

Preferred Telephone #: _____ Home Work Cell

Membership Categories/Annual Dues

Active (\$25.00): Primary occupation cancer registry work (abstracting, follow up or supervision). Can vote, hold office and/or chair committee.

Associate (\$15.00): Person interested in purpose of association. Primary occupation CANNOT be cancer registry, cannot vote, hold office or chair committee.

Inactive (\$15.00) An inactive member is no longer working within the cancer registry field. This category includes retirees, unemployed persons, and persons on extended leave from their cancer registry position. An inactive member shall not vote, hold office or chair a committee, but may serve on a committee.

Student (\$10.00): Person enrolled in college level curriculum courses pertaining to medical records or cancer registry. Cannot vote, hold office or chair committee.

Name of College: _____ Program Currently Enrolled in:

_____ **Sustaining** (\$50.00) – Person, institution or organization interested in promoting purpose of CRAAZ. Cannot vote, hold office, or chair a committee.

Would you be willing to serve on a committee? Yes No Maybe

What topics are you interested in for future CRAAZ educational activities?

Due date: **March 31st, 2019**

Dues postmarked after 3/31/19 are late and an additional \$10.00 late fee will be charged.

Memberships not renewed by April 30th, 2019 will be forfeited per the bylaws.

Applications for membership are closed after April 30th, 2019 for current Arizona residents. All 2019 applications will apply to the 2019 calendar year, regardless of when renewed and membership expires December 31, 2019.

**For Membership Chair and/or
CRAAZ Treasurer**

Amount _____ Check Number _____ Confirmation/Receipt Sent: _____ Roster Updated _____
Date _____ coRoster Updated & Receipt E-mailed (Membership Chair or Treasurer: _____

Form Updated 1/02/2019