



ARKANSAS CANCER REGISTRARS ASSOCIATION

MEMBERSHIP APPLICATION FORM

Active _____ Dues \$20.00
_____ Dues \$30.00 (after February 15)

Associate _____ Dues \$10.00
_____ Dues \$15.00 (After February 15)

Corporate Rate: _____ \$100.00 1 to 5 members
_____ \$200.00 6 to 10 members
_____ \$300.00 11 to 15 members

Name _____ CTR RHIA RHIT Other _____
(Circle any that apply)

Date of Birth(optional) ____/____/____

Facility Name _____

Business Address _____

City _____ State _____ ZIP _____ Phone _____

Job Title _____ Years _____

Home Address (optional) _____

City _____ State _____ Zip _____

Preferred Email Address _____

Interested in running for office? President elect _____ Secretary _____ Treasurer _____

Which committee would you like to serve on? Ways and Means _____
Newsletter _____
Bylaws _____
Program _____

Please complete this form and make check payable to Arkansas Cancer Registrars Association (ArCRA) and mail to: **Jennifer Fielding, RHIA, CTR**
ArCRA Membership
CAVHS
4300 W 7th St 112/LR/CR
Little Rock, AR 72205

I hereby apply for membership and agree to abide by the bylaws and conduct myself professionally in accordance with the code of ethics of the association

Signed _____ Date _____

Mailing preference Work _____ Home _____