

**OCRA MEMBERSHIP APPLICATION FOR 2010**

Please fill out the information exactly as you would like it to appear in the membership roster. Only the fields that have changed since the last roster need to be filled out. Write "Same" if nothing has changed.

NAME: \_\_\_\_\_ CREDENTIALS: \_\_\_\_\_

EMPLOYER: _____	POSITION: _____
EMPLOYER ADDRESS: _____	CITY: _____
STATE: _____	ZIP: _____
WORK EMAIL: _____	
WORK PHONE: _____	EXT: _____
FAX: _____	

HOME ADDRESS: _____	CITY: _____
STATE: _____	ZIP: _____
HOME EMAIL: _____	
HOME PHONE: _____	

<b>MEMBERSHIP CLASSIFICATIONS:</b>
<b>ACTIVE MEMBER:</b> Certified Cancer Registrars or persons whose primary occupation is involved with any or all facets of cancer registry work in the State of Oregon.
<b>ASSOCIATE MEMBER:</b> Persons who do not meet the requirements for an active membership (but have a definite interest in OCRA by way of employment or profession).

I am applying for: \_\_\_\_\_ ACTIVE MEMBERSHIP (\$40.00 PER YEAR)

\_\_\_\_\_ ASSOCIATE MEMBERSHIP (\$30.00 PER YEAR)

Dues shall be due on **October 1**, and will be declared forfeited after **the first day in December**. A former member whose membership had been forfeited for nonpayment of dues must submit a new application for membership together with annual dues plus a \$10.00 reinstatement fee. If denied membership, the dues plus the reinstatement fee shall be refunded. Any member joining after June 1 shall pay one-half of the annual dues.

\_\_\_\_\_  
SIGNATURE OF APPLICANT

\_\_\_\_\_  
DATE

Send application and payment to OCRA Treasurer

Vicki Shindler  
23182 S Bluegrass Lane  
Estacada, OR 97023