OCRA Membership Application for 2019

*Please fill out the form exactly as you would like it to appear in the member directory* *online. Only the fields that have changed since the last directory 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Membership Classifications:**

**Active Member**: Certified Cancer Registrars or persons whose primary occupation is involved with any or all facets of cancer registry work.

**Associate Member**: 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 - $45.00 per year**

 **\_\_\_\_\_\_\_ Associate Membership - $35.00 per year**

Dues shall be due on **November 1st**. Membership will be declared forfeited after **the 15th day in December**. A former member whose membership had been forfeited for nonpayment of dues must submit a new application for membership with annual dues. If denied membership, the dues shall be refunded. Any **new (1st time)** member joining prior to the workshop will pay the full membership fee and be retroactively instated as a member and able to register as an OCRA member for the workshop.

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SIGNATURE OF APPLICANT DATE

**Send application and payment to OCRA Treasurer**

**Martha Curl**

**37166 Mountain Home Dr**

**Brownsville, OR 97327**