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## MICHIGAN CANCER REGISTRAR'S ASSOCIATION

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

\_\_\_\_\_ **APPLICATION FOR MEMBERSHIP** please complete entire form

\_\_\_\_\_ **RENEWAL** please update any changes to your information below

### PERSONAL INFORMATION\*

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_ PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_

\*If you don't want your home address published in the members-only portion of the MICRA website please check here \_\_\_\_

### BUSINESS INFORMATION

PLACE OF EMPLOYMENT \_\_\_\_\_

DEPARTMENT \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EXT. \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_ REGISTRY SOFTWARE \_\_\_\_\_

PREFERRED MAILING ADDRESS: BUSINESS \_\_\_\_ HOME \_\_\_\_

CURRENT MEMBER OF NCRA? YES \_\_\_\_ NO \_\_\_\_

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**DUES:** \$25.00 PER FISCAL YEAR \*\*\*Please see Explanation below\*\*\*

Make check or money order payable to MICRA

Membership Application/Renewal form and dues should be submitted to the Treasurer at the following address:

Kathleen Hess, RHIT, CTR  
477 W. Newaygo Dr.  
White Cloud, MI 49349

### **Explanation of Dues Payment:**

1. MICRA fiscal year is January 1<sup>st</sup> through December 31<sup>st</sup>.
2. Unless otherwise indicated, dues received at or after the state meeting will be applied to the next fiscal year.
3. Applications for new memberships will be accepted at any time. However, membership will not become effective until 30 days after receipt of application and dues payment.
4. If dues for the current year are not received at least 30 days prior to the state meeting, voting and all other membership privileges will be forfeited.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date