



CRAAZ 2016 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 February 29, 2016 to avoid late fees.

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

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

Name: _____ CTR RHIT RHIA OTHER (Please State) _____

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/Courses 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: **February 29, 2016**

Dues postmarked after 2/29/2016 are late and an additional \$10.00 late fee will be charged. Unpaid membership will be forfeited after 3/31/2016 *per the bylaws*. **Applications for membership are closed after March 31, 2016** for current Arizona residents. All 2016 applications will apply to the 2016 calendar year, regardless of when renewed and membership expires December 31, 2016.

Section for Membership Chair & Treasurer:

Amount _____ Check Number _____ Roster Updated & Receipt E-mailed (Membership Chair or Treasurer: Date _____)