ASSOCIATION OF NORTH CAROLINA CANCER REGISTRARS
(ANCCR)

DUES/MEMBERSHIP FORM
(**WEBSITE**: http://www.ncregistrars.com)

NAME: _____
(LAST) (FIRST) (MI)

CREDENTIALS: _____

INSTITUTION NAME: _____

INSTITUTION ADDRESS: _____
_____
_____
_____

JOB TITLE: _____

PREFERRED MAILING ADDRESS: _____
_____
_____

BUSINESS TELEPHONE: _____
E-MAIL: _____
FAX NUMBER: _____

MEMBERSHIP CLASSIFICATION: **(PLEASE CHECK ONE IN EACH FIELD)**

_____ NEW
_____ RENEWAL OF MEMBERSHIP

_____ Membership Year

_____ ACTIVE $25.00
_____ ASSOCIATE $15.00
_____ SUSTAINING $50.00

Membership is from January-December.

Dues for upcoming year are payable by December 31

Please complete this application for your ANCCR dues/membership and resubmit along with a check made payable to ANCCR.

Mail to: Jenean Burris, RHIT, CTR
Wake Forest Baptist Medical Center
Cancer Registry—2nd Floor Comprehensive Cancer Center
Medical Center Blvd
Winston-Salem, NC 27157
Fax: (336) 713-6797 **E-Mail:** jburris@wakehealth.edu

Please notify me via email or fax of any changes of address, credentials, phone number, etc. so that these can be passed on to the rest of the membership during the year.