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

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

_____ Membership year
_____Please check here if you require a receipt

Please complete this application for your ANCCR dues/membership and resubmit along with a check made payable to ANCCR by December 15th .

Mail to: Lisa Neri
95 Slow Ln
Canton, NC 28716

E-Mail: lnerictr2012@gmail.com

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.