

ASSOCIATION OF NORTH CAROLINA CANCER REGISTRARS (ANCCR)

2025 DUES/MEMBERSHIP FORM

(WEBSITE: <http://ncregistrars.com>)

NAME: _____

(LAST)

(FIRST)

(MI)

CREDENTIALS: _____

JOB TITLE: _____

INSTITUTION NAME: _____

INSTITUTION ADDRESS: _____

PREFERRED MAILING ADDRESS: _____

BUSINESS TELEPHONE: _____

PREFERRED EMAIL: _____

MEMBERSHIP CLASSIFICATION:

NEW

ACTIVE \$25.00

RENEWAL

ASSOCIATE \$15.00

CHECK HERE FOR RECEIPT

SUSTAINING \$50.00

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

**Mail to: Lisa Neri
95 Slow Lane
Canton NC 28716**

E-mail: Inerctr2012@gmail.com

Please notify me via email of any changes to the above information throughout the year. Thank you for your Membership!!