



LOUISIANA CANCER REGISTRARS ASSOCIATION

Application for Membership / Membership Renewal

Name: _____ Job Title: _____

Credentials: _____ (Ex.: CTR, RHIA, RHIT, etc.)

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone: _____

Name of Facility/Institution: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business Telephone: _____ Business Fax: _____

Email Address:

(one email address only)

Please check where you would like to receive information from LCRA: Email Mail

Education or Other information you would like to include:

Please check if you are interested in serving on a committee:

Membership/Nominating Distinguished Member Public Relations

By Laws Education/Mentor Program History

LCRA News: One benefit of membership is “LCRA News Breaks which are provided by email and posted on the LCRA website at www.lcra-usa.org.

Please check here if you require a hard copy of the News Breaks:

If you checked above, please check how you want this hard copy sent: Fax Mail

(Form continued on second page)

LOUISIANA CANCER REGISTRARS ASSOCIATION

Application for Membership / Membership Renewal (Page 2)

New Member Applying For (Please check) Active Associate

Years of experience in registry: _____

(See below to determine your eligibility for membership)

Active Membership: An active member shall be a person whose primary occupation is involved with any or all facets of cancer registration and data management and has paid the current dues. An active member shall be entitled to all membership privileges including the right to vote, hold office, or chair a committee. An active member shall adhere to all policies and procedures established by the Executive Committee.

Associate Membership: An associate member shall be any person interested in the purpose of the association but not meeting the qualifications for active membership. They shall not be entitled to vote, hold office, or chair a committee; they may be appointed to serve on a committee. An associate member must adhere to all policies and procedures established by the Executive Committee.

Former Member in Good Standing Hereby Applying For (Please check) Active Associate

Purpose of LCRA:

1. Providing educational opportunities, workshops, seminars, and symposiums for registrars and their associates in order to improve the quality and uniformity of registries in Louisiana.
2. Promoting the recognition of Cancer Registrars/Data Managers throughout the State.
3. LCRA is hereby declared to be a non-profit organization and is within the meaning of section 501 © (3) of the Internal Revenue Code of 1986 or the corresponding provision of any future United States Internal Revenue law.

APPLICANT SIGNATURE: _____ **DATE:** _____

Send LCRA Dues with Membership Form to: **Louisiana Cancer Registrars Assoc.
Dianne Griffin-Treasurer
C/O Mary Bird Perkins Cancer Center
4950 Essen Ln
Baton Rouge La 70809**

*To ensure timely publication of roster, complete application and dues (\$60.00) should be mailed to address above by **January 31**. Dues are considered delinquent thirty (30) days following this date and will incur a \$10.00 late fee. Membership is forfeited sixty (60) days following this date.*

Membership Committee Use Only

Date Application received: _____ Dues Amount: _____

Committee Approved: Yes No Date: _____ Notified new member on: (date) _____

Membership Committee Chair Signature _____ Date: _____

Copy of New Membership Form sent to: (date)

Treasurer: _____ President: _____ Education Chair: _____