

## South Carolina Cancer Registrars Association 2018 Membership Application

Thank you for your interest in becoming a member of the South Carolina Cancer Registrars Association. Some SCCRA membership benefits are:

- Access to the **MEMBERS** section of the SCCRA website.
- Access to the online SCCRA Membership Directory.
- Access to the SCCRA Facebook page.
- Continuing education meeting and web based opportunities.
- Leadership, and peer networking opportunities.
- Discounted rated for the Annual Educational Conference.

Name:				
(Last)	(First)		(MI)	
Credentials:	Your Date and Mon	th of Birth		
Home Address:				
City:	State:	Zip:		
Email Address:				
Home Phone Number:				
Job Title:				
Employer:				
Employer's Address:				
City:	State:	Zip:		
Business Phone #:	Ext:	Fax:		
Preferred Mailin	ng Address: Business:		Home:	
Membership Classification an Active/New:\$30.00 As *Are exempt from dues but re	sociate/Sustaining:			N/A*
Dues paid after February 1, 2 rate for the annual education		te fee. Dues pa	id after April 1 <sup>st</sup> will resuli	t in fu

ation

Make Check/Money Order to SCCRA (we apologize, but we are unable to accept credit card payment) Mail your completed application and payment to:

> Curtisha Manire MHIIM, CTR, RHIT, CHTS-(CP,IS,IM) **DHEC/SC Central Cancer Registry** 2600 Bull Street, Columbia, SC 29201

## SCCRA Membership application disclosure:

The South Carolina Cancer Registrars Association (SCCRA) collects Personal Information (i.e. name, address, contact information) that you voluntarily submit. This information is utilized for membership purposes only. We respect your right to privacy and will NOT share and/or sell this information with other entities, organizations, second/third parties, etc. No member or non-member of the SCCRA may use this information for any purpose other than education and association related business.