



## South Carolina Cancer Registrars Association Membership Application

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

- o Access to the **MEMBERS** section of the SCCRA website
- o Access to the online SCCRA Membership Directory
- o Access to the SCCRA Facebook page
- o Web-based opportunities
- o Leadership and peer networking opportunities
- o Discounted rates for the Annual Educational Conference

Name: \_\_\_\_\_  
(Last) (First) (MI)

Credentials: \_\_\_\_\_ Your Date and Month 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: \_\_\_\_\_

Membership classification and dues: (check one)

Active/New \_\_\_\_\_ \$30.00 Associates/Sustaining \_\_\_\_\_ \$15.00

Student \_\_\_\_\_ \$10.00

Charter N/A \*\* Exempt from dues but requested to submit a completed membership form annually

Membership dues must be paid before or on April 1st to receive the discounted rate for SCCRA Annual Educational Conference. On April 2nd and after all SCCRA membership renewals will be required to pay the non-member registration fee for SCCRA Annual Educational Conferences.

Please mark your payment option below:

\_\_\_\_\_ Check/Money Order payable to SCCRA

\_\_\_\_\_ Credit card payment by phone (505-306-4439 - Rebecca Abernathy, Vice President)

Email your completed application to **rebecca@musc.edu** or mail payment to:

**Curtisha Manire MHIIM, CTR, RHIT, CHTS-(CP,IS,IM)**  
**SC Cancer Registrars Association**  
**PO Box 721**  
**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.**

**SC Cancer Registrars Association**

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**PHOTO RELEASE FORM**

I hereby grant permission to South Carolina Cancer Registrar Association to use photographs and/or video of me taken of me in publications, news releases, online, and in other communications related to the mission of South Carolina Cancer Registrars Association.

(Signature) \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date: \_\_\_\_\_