



South Carolina Cancer Registrars Association 2020 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 NAACCR Continuing education meeting and 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: _____

Preferred Mailing Address: Business: _____ Home: _____

Membership Classification and Dues: (check one)

Active/New: _____ \$30.00 Associate/Sustaining: _____ \$15.00 Student: _____ \$10.00 Charter: N/A * *Are exempt from dues but requested to submit a completed membership form annually.

Effective 11/2018: Late fee has been waived and the following was approved: Membership dues must be paid before or on July 1st to receive the discounted rate for SCCRA Annual Educational Conference. On July 2nd and after all SCCRA membership renewals will be required to pay the non-member registration fee for SCCRA Annual Educational Conferences.

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
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

**PHOTO RELEASE FORM
2018/2019**

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 _____