

Membership Form

Association of North Carolina Cancer Registrars (ANCCR)

Last Name:

First Name:

Middle Initial:

Credentials:

Job Title:

Employer:

Preferred Mailing Address:

Street:

City:

State:

Zip:

Business Phone:

Fax:

Email Address:

Membership Classification: (check one)

New:

Renewal:

Re-Instatement:

Dues: (Check one)

Active \$25

Associate \$15

Sustaining \$50

Please complete this application for your ANCCR membership/dues and remit with a check made payable to ANCCR to:

Vickie Gill, RHIA, CTR

Cancer Data Base/DLD Forsyth Regional Cancer Center

FMC Box 19

3333 Silas Creek Parkway

Winston-Salem, NC 27103

Telephone: 336-718-8467

Fax: 336-277-9467

Email: vaqill@novanthealth.org