

For additional membership forms or questions please contact the CCRA Treasurer Stephanie Kirwan at stephkirwan@aol.com

Colorado Cancer Registrars Association
Annual Membership Application
January – December 2026

| Select type | Membership Categories | Fee | Self Total |
|---|--------------------------|---------------|------------|
| DUE DATE: Mar 31, 2026 Make checks payable to CCRA *Dues not postmarked by April 1st, 2026, will be subject to a \$ 10.00 Re-instatement/Late Fee | Active Member | \$ 35.00 | |
| | Associate | \$ 20.00 | |
| | Honorary Member | <i>NO FEE</i> | |
| | *Re-instatement/Late Fee | \$ 10.00 | |
| | Total Cost | | |

| | |
|---|--|
| Name (First, Last) Credentials (select all that apply): <input type="checkbox"/> RHIA <input type="checkbox"/> RHIT <input type="checkbox"/> ODS <input type="checkbox"/> OTHER List other; _____ | Job Title: Employer: |
| Employer Mailing Address: (optional) Name: Dept: City: State: Zip code: Phone : | Home Mailing Address: Name: Street: Apt# (if applicable): City: State: Zip code: Phone Number: |
| Preferred Mailing Address: (select one) | <input type="checkbox"/> Business <input type="checkbox"/> Home |
| Preferred E-mail Address: | |
| Current NCRA Member | <input type="checkbox"/> Yes |

Membership in the Colorado Cancer Registrars Association requires that dues for the fiscal year, January 1 – December 31, 2026 are payable by March 31, 2026. * Dues are delinquent if not postmarked by April 1, 2026 and a re-instatement fee of \$10.00 is due for those after April 1, 2026

Please return this registration form along with your payment to the Treasurer:

Stephanie Kirwan, ODS or email the form to: stephkirwan@aol.com
2771 Castle Butte Drive
Castle Rock, CO 80109

Checks or money orders should be made payable to CCRA. Cash will not be accepted. Please note that membership dues are billed separately from meeting registrations, meeting fees or lunch costs.

You can pay your member dues via Zelle using CCRApayments@gmail.com

Please check one: YES NO

I authorize the Colorado Cancer Registrars Association to release my name and business address via the CCRA website, to fellow CCRA members and organizations offering and/or seeking professional services. **if not checked, authorization is assumed.**

I hereby apply for membership and agree to abide by the by-laws of the CCRA.

Signature _____ Date _____