



Tennessee Oncology Data Analysts Association

MEMBERSHIP APPLICATION

Name: _____ Birth Date (MM/DD): _____

Certifications (CTR, LPN, RN, RHIT, etc.) _____

Institutional Affiliation: _____

Job Title: _____

Mailing (Business) Address & Telephone

Other (Home) Address & Telephone

() _____ Fax () _____

() _____

Email:

(this will be your username for the website)

Circle Region You Work In: West Middle East

Recruited by: _____

Membership Status: ___Active(\$25.00) ___Associate(\$12.50) ___Student(\$5.00)

___Sustaining(\$25)

Is your primary occupation directly involved in the cancer registry field? ___ Yes ___ No ___ Other

Current membership(s) in related association(s) (NCRA, AMRA, etc.): _____

I hereby apply for membership and agree to uphold the Bylaws of TODAA.

Signed: _____

Date: _____

Please complete the membership application and mail it, along with your check, to the Secretary/Treasurer listed below:

Anne Llewellyn
229 Cooper River Way
Clarksville, TN 37042

Please make checks payable to:
TODAA

Tumorregistrarsoftn@yahoo.com