



Mail Application to:  
 Linnette Frey, CTR  
 Cancer Registry  
 Southern Ocean County Hospital  
 1140 Highway 72 West  
 Manahawkin, NJ 08050

**MEMBERSHIP APPLICATION**  
*Effective: January 1, 2010 through December 31, 2010*

Please check one:  Renewal: \$35 (**must be postmarked by 12/31/09**) Late (1/1/10): \$40  
 New Member: \$40  
 Student: \$25  
 (All Checks Payable to: **ORANJ, INC**)

Name & Credentials: \_\_\_\_\_

Hospital or Affiliation: \_\_\_\_\_

Job Title: \_\_\_\_\_

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

\_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_ Fax #: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

E-mail Address: \_\_\_\_\_

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

\_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_

Please send mail to (check one):  Business Address  Home Address

**Membership category desired (check one):**

**Active** - An active member is one whose primary occupation is involved with any or all facets of Cancer Registry work, or is a CTR in good standing. An active member shall be entitled to *all* membership privileges including the right to vote, hold office, or chair a committee.

**Associate** - An associate member *can* serve on a committee, however, they *cannot* vote, chair a committee, or hold office.

**Sustaining** - Sustaining members are those persons, institutions, or organizations interested in promoting the principles and purposes of ORANJ. Sustaining members may *not* vote, hold office, chair or serve on a committee.

**Student** - Student member shall be enrolled in a CTR college level curriculum as approved or pending approval by NCRA and interested in the purposes of ORANJ, but does not meet the qualification for active membership. Proof of enrollment in such a program must be provided. A student member shall be eligible for this classification of membership for no more than five years from the date such member first joined in this category. A student member shall not vote, hold office or chair a committee; but may serve on a committee.

I hereby apply for membership in the Oncology Registrars Association of New Jersey, Inc. Upon acceptance, I agree to abide by the bylaws established by the association. As a member, I shall pay the full annual dues as established by the membership and I will be entitled to membership privileges according to the category I selected above.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

For association use only:

Date received by Committee: \_\_\_\_\_ Check #: \_\_\_\_\_ Date member notified by committee: \_\_\_\_\_ Member#: \_\_\_\_\_  
 Membership Updated: Roster: \_\_\_\_\_ E-Mail Distribution List: \_\_\_\_\_ Label: \_\_\_\_\_ Anniv. Gift List: \_\_\_\_\_