Bi-State Tumor Registrars Association (BiSTRA)
2012 Membership Form

The sole purpose of this organization is to conduct 2 one day educational workshops for continuing education hours in cancer registry.

Type of Membership: New_____ Renewal_____ Other_____

Name: _____
Last First

Place of Employment: _____

Department: _____

Business Address: _____

City: _____ State: _____ Zip: _____

Business # : _____ - _____ - _____ Ext: _____

Fax # : _____ - _____ - _____

E-mail: _____

Preferred Communication: work address _____ home address _____

Home Address: _____

City: _____ State: _____ Zip: _____

Credential(s) - check all that apply: CTR___ RHIT___ RHIA___ RN___ Other_____
Member of Missouri State Tumor Registrars Association (MoSTRA)? Yes_____ No_____

Enclosed is payment in the amount of $20.00 to cover dues for the member year, January through December 2012. I understand there will be a $25 charge for a returned check.

Signature_____ Date_____

Please make check payable to BiSTRA and mail form with dues to:

Gail Behling
5191 Romaine Spring Drive
Fenton, MO 63026