



MEMBERSHIP APPLICATION TUMOR REGISTRARS ASSOCIATION OF MARYLAND

Please complete this application for your TRAM dues/membership and remit along with a check made payable to TRAM by June 1st. Information provided is utilized only for membership purposes for TRAM and inclusion into the Maryland Cancer Registrars Resource Manual.

Name: _____

Title: _____

Credentials: _____ EMAIL ADDRESS: _____

Facility Name: _____

Facility Address: _____

Business phone: _____

Business fax: _____

Home address (optional): _____

Home phone: (optional): _____

Preferred mailing address: Work Home

Membership renewal:

Active (\$40.00) Affiliate (\$35.00) Student (\$20.00) Retired (contact me)

Return form to:

Chris Stromyer, RHIA, CTR
TRAM Membership Chair
8109 Harris Ave
Parkville, Md. 21234

Christine.stromyer@medstar.net

Dues are payable prior to June 1, and membership shall be forfeited if not paid by July 1. A former member whose membership has been forfeited for nonpayment of dues may be reinstated any time by paying the outstanding dues.