



## 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 15<sup>th</sup>. Information provided is utilized only for membership purposes for TRAM and inclusion into the Maryland Cancer Registrars Resource Manual.

\_\_\_ I do not wish to become a member at this time, but please keep me on the membership list.  
(You must still fill in your name and email address)

Name: \_\_\_\_\_

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

Credentials: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Business phone: \_\_\_\_\_

Business fax: \_\_\_\_\_

Home address (optional): \_\_\_\_\_

Home phone: (optional): \_\_\_\_\_

Membership renewal:

Active (\$50.00)  Affiliate (\$65.00)  Student (\$30.00)  Retired (contact me)

Return form to:

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

[Christine.stromyer@medstar.net](mailto:Christine.stromyer@medstar.net)