



TUMOR REGISTRARS ASSOCIATION OF MARYLAND

Please complete this application for your TRAM dues/membership and remit along with a check made **payable to TRAM** or via PayPal, by August 1, 2022

**** ___ 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)**

**** ___ I am paying via PayPal (you must still submit a copy of this application)**

Name/Title _____ Credentials: _____

EMAIL ADDRESS: _____

Facility Name: _____

Facility Address: _____

Business phone/fax _____

Home phone/fax #: _____

Membership renewal if paying by check:

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

Membership renewal if paying by PayPal:

Active (\$53.00) Affiliate (\$68.00) Student (\$33.00) Retired (contact me)

Return form and dues (Check payable to TRAM) to:

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

Christine.stromyer@medstar.net

Information provided is utilized only for membership purposes for TRAM. By filling out this form you are giving Tumor Registrars Association of Maryland authorization to post information regarding yourself or your place of work on the authorized TRAM web page. No information is given to third parties.