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## Membership Application Form

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Membership is open to organizations and individuals whose missions are not in conflict with the Delaware Cancer Consortium (DCC) priorities. The following are requirements for membership in the DCC. Each member organization agrees to:

- Endorse and support the implementation of all DCC priorities;
- Provide annual reports about progress and accomplishments;
- Coordinate and collaborate within its own organization to implement strategies that address one or more DCC priorities; and/or
- Coordinate and collaborate with one or more other organizations to implement strategies that address one or more DCC priorities.

Check here \_\_\_\_\_ if your organization agrees to comply with these requirements.

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### - Organizational Information -

Name of Organization: \_\_\_\_\_

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

Website Address: \_\_\_\_\_

Head of Organization (Director, CEO, etc.): \_\_\_\_\_  
*Name* *Title/Credentials*

Phone #: \_\_\_\_\_ FAX #: \_\_\_\_\_

Please review the organizational categories listed below. Check the **one** category that **best describes** your organization, even if more than one category applies.

<input type="checkbox"/>	Network, cooperative or health care delivery system with cancer programs recognized by the American College of Surgeons
<input type="checkbox"/>	Health care/primary care delivery system or practice
<input type="checkbox"/>	Health care insurance plan
<input type="checkbox"/>	Health care purchaser
<input type="checkbox"/>	Public Health (local public health agency, e.g.)
<input type="checkbox"/>	Trade/professional organization
<input type="checkbox"/>	Health professional school or health research/evaluation/continuous quality improvement organization
<input type="checkbox"/>	Statewide or community-based organization representing specific populations including survivors, consumers, racial/ethnic groups, etc
<input type="checkbox"/>	Other (please specify) _____

**Additional comments:**

**- Representative Information -**

Below, please provide the name of and contact information for your organization's designated representative. Because the Consortium is an action-oriented body, it is important that you designate a senior representative with the authority to make decisions and commitments on behalf of your organization.

Name of Representative: \_\_\_\_\_

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

Phone #: \_\_\_\_\_ FAX #: \_\_\_\_\_

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

**\* PLEASE ATTACH A COPY OF REPRESENTATIVE'S CURRICULUM VITAE TO APPLICATION \***

**- Interest in DCC Priorities -**

Please check the priority/priorities that your organization will address and provide a brief description of your organization's qualifications to address checked priorities. Attach additional pages if necessary.

Check	Priority Area to be Addressed	Description of Qualifications
	<b>Quality of Life</b> (rehabilitation; palliation; end of life care; survivorship)	
	<b>Environment</b> (reduce exposure in ambient environment, workplace, water; healthy homes)	
	<b>Tobacco &amp; Other Risk Factors</b> (tobacco use prevention; smoking cessation; lifestyle and risk reduction)	
	<b>Early Detection &amp; Prevention</b> (prostate, cervical/HPV, breast and colorectal cancer screening and early detection)	
	<b>Quality Cancer Care</b> (cancer registry and registrars; clinical trials; cancer treatment coordination)	
	<b>Workplace &amp; Workforce</b> (link employers to DCC; promote cancer prevention and screening in workplace; insurance; health professional pool)	
	<b>Disparities</b> (cultural competency; cancer program advocates; partnerships with community-based organizations and others; expertise and technical knowledge to other committees)	
	<b>Communication &amp; Public Education</b> (translate data into information for public use/health literacy; expertise and technical knowledge to other committees)	
	<b>Data</b> (data analysis, interpretation and technical assistance on cancer studies/reports; expertise and technical knowledge to other committees)	

<b><u>Return To:</u></b>	Delaware's Division of Public Health C/O Cancer Director 540 S. DuPont Highway Suite 11 Dover, DE 19901 Fax: 302-739-2547
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If you have questions about this application, please call 302-744-1000 for assistance.