



Membership Application Form

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.

- 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.

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

- For Office Use Only -

Approval Date by Advisory Committee: _____ Application _____

Approval Date by Committee: _____ CV/Resume _____

Committee: _____

Last Update _____ Remarks _____

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

Return To: Delaware's Division of Public Health
 Attn: Anabel Rosado-Burgos
 540 S. DuPont Highway, Suite 11
 Dover, DE 19901
 Fax: 302-739-2546