



A public/private partnership working to reduce the burden of cancer in New Mexico

NEW MEXICO CANCER COUNCIL

MEMBERSHIP APPLICATION ORGANIZATIONAL / INDIVIDUAL

What is the New Mexico Cancer Council?

The New Mexico Cancer Council is a volunteer group of passionate citizens and organizations dedicated to working collaboratively towards achievements in cancer control that may not have been realized through individual efforts alone.

What is the purpose of the New Mexico Cancer Council?

The Council seeks to reduce the burden of cancer through implementing the goals and objectives of the *New Mexico Cancer Plan*, a document which serves as a blueprint for cancer control efforts in our state. Our goal is to increase access to information, prevention and treatment using innovative and effective programs and policies, thus reducing the human and economic burden of cancer and improving the outcomes and quality of life for New Mexicans.

Why should I become a member?

Broad participation in the Council is critical to successful implementation of the *New Mexico Cancer Plan*. We are pleased that you are interested in joining this dynamic group of individuals from around the state who share your enthusiasm for cancer control issues. If you would like more information about the Council, please visit our website at www.cancernm.org/cancercouncil.

Membership on the Council includes responsibilities such as:

- ◆ Supporting implementation of the *New Mexico Cancer Plan*.
- ◆ Attending Cancer Council meetings on a regular basis.
- ◆ Agreeing to participate in evaluation activities to assess effectiveness in achieving goals and objectives of the New Mexico Cancer Plan.
- ◆ Serving on the Executive Committee or on other Council committees/workgroups.
- ◆ Complying with Council bylaws.

INSTRUCTIONS FOR COMPLETING ORGANIZATIONAL MEMBERSHIP APPLICATION:

- If you are joining as a member affiliated with an *Organization*, complete application as *Organizational Member*. Members may choose to represent themselves as either an *Organizational member* or an *Individual member*, but not both.
- Complete Sections 1-3, and submit your application by mail or fax to:

New Mexico Cancer Council P.O. Box 30182 Albuquerque, NM 87190 ATTN: Christine Brown	FAX: 505-222-8608 ATTN: Christine Brown
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- Keep a copy of your completed application for your records.



ORGANIZATIONAL MEMBER APPLICATION

SECTION 1 - Organization Information

Name of Organization: _____

Mailing Address: _____

City, State, Zip: _____

Website: _____

NAME OF PERSON JOINING CANCER COUNCIL FROM THIS ORGANIZATION: (Organizations can have multiple members serve on the Council, but each person joining as part of their organization must complete an application.)

Phone:() _____ Fax:() _____ Email: _____

SECTION 2 – Applicant Information*

Applications are reviewed by the Council’s Executive Committee. Please provide sufficient information to assist with their decision. You may attach a separate page with additional information.

1. Why do you want to join the NM Cancer Council?

2. What skills/capabilities will you bring to the NM Cancer Council?

3. Please describe your current involvement with New Mexico’s cancer community. Include any organizations/companies you work or volunteer with that address cancer-related issues.

4. Do you receive any professional compensation to work on programs or policies related to the areas of cancer, tobacco, nicotine, the food/beverage industry, or medical, pharmaceutical, and/or homeopathic treatments? ___ NO ___ YES (*If Yes, please complete 4a and 4b below*)
 - a. Please indicate which employers or clients provide you with financial compensation.

 - b. What type of objectives do you pursue on behalf of your employer or client?

SECTION 3 – Applicant Certification and Signature*

- By signing, I (applicant) agree to comply with Council membership requirements, responsibilities, and bylaws. I further grant permission for my name to appear on Council membership lists, as well as any printed or electronic information literature developed by the Council, as applicable to my membership status. Applicant acknowledges and agrees that their involvement in the Council is not an endorsement by the Council of their organization’s goals, missions or activities. Members retain the right to terminate their membership in the Council at any time.

Signature _____ Date _____

*The Council reserves the right to contact you to request clarification or additional information prior to processing your application.

INSTRUCTIONS FOR COMPLETING INDIVIDUAL MEMBERSHIP APPLICATION:

- If you are not affiliated with an organization (or choose not to apply through an organization) please fill out an application as an *Individual Member*. Members may choose to represent themselves as either an *Organizational* member or an *Individual* member, but not both.
- Complete Sections 1-3, and submit your application by mail or fax to:

<p>New Mexico Cancer Council P.O. Box 30182 Albuquerque, NM 87190 ATTN: Christine Brown</p>		<p>FAX: 505-222-8608 ATTN: Christine Brown</p>
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- Keep a copy of your completed application for your records.



**INDIVIDUAL
MEMBER
APPLICATION**

SECTION 1 - Individual Information

Name: _____

Mailing Address: _____

City, State, Zip: _____

Phone:() _____ Fax:() _____ Email: _____

SECTION 2 – Applicant Information*

Applications are reviewed by the Council’s Executive Committee. Please provide sufficient information to assist with their decision. You may attach a separate page with additional information.

1. Why do you want to join the NM Cancer Council?

2. What skills/capabilities will you bring to the NM Cancer Council?

3. Please describe your current involvement with New Mexico’s cancer community. Include any organizations/companies you work or volunteer with that address cancer-related issues.

4. Do you receive any professional compensation to work on programs or policies related to the areas of cancer, tobacco, nicotine, the food/beverage industry, or medical, pharmaceutical, and/or homeopathic treatments? ___ NO ___ YES (If Yes, please complete 4a and 4b below)
 - a. Please indicate which employers or clients provide you with financial compensation.

 - b. What type of objectives do you pursue on behalf of your employer or client?

SECTION 3 – Applicant Certification and Signature*

- By signing, I (applicant) agree to comply with Council membership requirements, responsibilities, and bylaws. I further grant permission for my name to appear on Council membership lists, as well as any printed or electronic information literature developed by the Council, as applicable to my membership status. Applicant acknowledges and agrees that their involvement in the Council is not an endorsement by the Council of their organization's goals, missions or activities. Members retain the right to terminate their membership in the Council at any time.

Signature _____ Date _____

*The Council reserves the right to contact you to request clarification or additional information prior to processing your application.