



Working together for Comprehensive Cancer Control

Membership Application

1. **Name of Organization** _____

Address _____

Address _____

Phone _____

FAX _____

2. **Membership Category (Check one):**

- Organizational** – for statewide and regional organizations/institutions. Dues: \$100/year. Full voting privileges. May appoint up to three representatives.
- Affiliate** – for local and community based organizations. No annual dues.
- Individual** – for persons interested in cancer control such as a cancer survivor or patient advocate/caregiver. Dues: \$20/year.
- Informational** – for individuals wishing to be on CCC database and to receive information on a regular basis. No annual dues.

3. **Designated representative(s)**

Name (1) _____
(lead contact)

Title _____

Address _____

Telephone/email _____

Organizational members may appoint up to two additional representatives:

Name (2) _____

Title _____

Address _____

Telephone/email _____

Name (3) _____

Title _____

Address _____

Telephone/email _____

4. Type of organization (check one)

- Academic Institution
- Community-based Organization
- Educational Organization
- Health Care Provider
- Hospital/Clinic
- Volunteer Organization
- Advocacy Organization
- Research Organization
- Managed Care Organization
- Professional Organization
- Public Health Organization
- Third Party Payor/Insurer
- Other: _____

5. Primary Areas of Interest: (check all that apply)

- Prevention
- Detection/Screening
- Treatment
- Quality of Life/Survivorship
- Palliative Care
- Data Collection and Reporting

Cross-Cutting Issues:

- Advocacy/Public Policy
- Disparities
- Education/Dissemination

6. Please attach:

- Organizational "Annual Report" and/or
- Brief background information about your organization, to include:
Number of employees/members, geographic area represented/served, name of parent organization if appropriate, organization's mission/purpose, focus of cancer control activities within organization (treatment, research, public education, etc)

7. Annual dues for membership: \$100/organization (allows up to 3 representatives) or \$20/individual. No dues for Affiliate or Informational Members.

Please submit your application for WCC membership. We will invoice membership dues when your application is approved.

RETURN TO: Nancy Freeman, CHES
Wisconsin Cancer Council
610 N. Walnut St. #370
Madison, WI 53726

For more information about the Wisconsin Cancer Council:

- Go to www.wicancer.org
- Write to the above address or to freeman@uwccc.wisc.edu
- Call (608) 265-4618
- Or fax (608) 262-2425.

Thank you for your interest and commitment to Cancer Control.

