



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 #: _____

Email 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
	Delaware Cancer Registry Advisory Committee (DCRAC) (cancer registry and registrars; data analysis, interpretation and technical assistance on cancer studies/reports; provides data expertise and technical knowledge to other committees)	
	Cancer Risk Reduction Committee (CRRC) (tobacco use prevention; smoking cessation; lifestyle and risk reduction, translate data into information for public use, advocacy, link employers to DCC; healthy homes/occupational health)	
	Early Detection & Prevention (ED&P) (lung, prostate, cervical/HPV, breast and colorectal cancer screening and early detection, translating data into educational information for public use)	

Return to: Delaware's Division of Public Health
Attn: Rosemary Doughten
540 S. DuPont Highway, Suite 7
Dover, DE 19901
Fax: 302-739-2547
Rosemary.Doughten@state.de.us

If you have questions about this application, please call 302-744-1002 for assistance.

Revision 5/26/16