



Tennessee Cancer Coalition
Membership Application
2010 - 2011

Date: _____ Please check one: ___ New Member Application ___ Membership Renewal

Category: (See below for definitions) ___ Individual ___ Organization/Agency ___ Info only ___ Student

First Name _____ Last Name _____ Degree(s) _____

Title _____ Organization Name _____

Address _____ City _____ State _____ Zip Code _____

Region of State: ___ West ___ Jackson ___ Middle ___ Southeast ___ East ___ Northeast

Preferred Email and Phone

E-mail _____ Phone _____

Membership Categories

There are no annual membership fees for the 2010/11 year:

Individual Member - Interested parties not affiliated with an organization.

Organizational/Agency Member - Statewide membership; can include one or more members per region.

Informational Member - Interested parties receive newsletter and occasional emails regarding TC2 activities.

Student Member - Individuals who are full-time students.

Committees would you like to work with:

(Check all that apply)

- Advocacy, Annual Summit, Cancer Care, Childhood Cancers, Clinical Trials, Colorectal, Disparities, Lifestyles/Environment, Marketing, Membership, Prostate, Skin/Melanoma, Surveillance, Tobacco, Women's Cancers, Psychosocial, Health Literacy

Please return form to: Tennessee Cancer Coalition, 425 Fifth Ave. North, Cordell Hull Bldg., 6th floor, Nashville, TN 37243 or fax (615) 253-2558. If you have questions contact Program Manager Pam Isom at 615-741-1638 or 1-800-547-3558 or at pam.isom@tn.gov or visit the coalition's web site at: http://health.state.tn.us/CCCP

Thank you for your interest and commitment to Cancer Control in Tennessee.