



Membership Application

***** Effective July 1, 2009 *****

Membership dues for 2009/2010 are waived. Please see Fee Survey below to help us establish the membership fee schedule to begin in July 2010 for the 2010/2011 grant year.

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

Category: (See survey 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 East

Preferred Email and Phone

E-mail _____ Phone _____

Fee Survey

Annual fees will fund the work of the coalition. A fair amount for each category would be:

Individual Member – Interested parties not affiliated with an organization. \$10 \$20
 Other - Write in your suggestion _____

Organizational/Agency Member – Statewide membership; can include one member per region.
 \$50 \$100 Other - Write in your suggestion _____

Informational Member – Interested parties receive newsletter and occasional emails regarding TC4 activities. Free \$10 Other - Write in your suggestion _____

Student Member – Individuals who are full-time students. Free \$10 Other - Write in your suggestion _____

Committees would you like to work with:

(Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Primary Prevention | <input type="checkbox"/> Advocacy |
| <input type="checkbox"/> Early Detection | <input type="checkbox"/> Tobacco Issues |
| <input type="checkbox"/> Treatment and Care | <input type="checkbox"/> Women's Cancers |
| <input type="checkbox"/> Survivorship | <input type="checkbox"/> Colorectal |
| <input type="checkbox"/> Palliative Care | <input type="checkbox"/> Prostate |
| <input type="checkbox"/> Disparities | <input type="checkbox"/> Skin/Melanoma |
| <input type="checkbox"/> Health Literacy | <input type="checkbox"/> Childhood Cancers |
| <input type="checkbox"/> Surveillance | <input type="checkbox"/> Annual Summit |
| <input type="checkbox"/> Clinical Trials | |

Please return form to: Tennessee Comprehensive Cancer Control Program, 425 Fifth Ave. North, Cordell Hull Bldg., 6th floor, Nashville, TN 37243 or fax (615) 253-2558. If you have questions contact Kathy Childress at 615-532-6949 or 1-800-547-3558 or at { HYPERLINK "mailto:Kathy.r.childress@tn.gov" } Visit the coalition's web site at: { HYPERLINK "http://health.state.tn.us/CCCP/" }

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