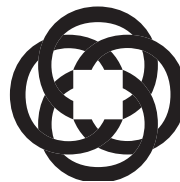


# 2022 Alabama Comprehensive Cancer Control Coalition Member Information Form



*Alabama*  
COMPREHENSIVE CANCER  
CONTROL COALITION

Name: \_\_\_\_\_

Organization: \_\_\_\_\_ Profession: \_\_\_\_\_

Position Title: \_\_\_\_\_ Degree(s): \_\_\_\_\_

Specialty/Expertise:

Do you/your work/your organization focus on a particular cancer(s)?  Yes  No

If yes, what cancer(s) do you focus on? \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Home/Mobile Phone: \_\_\_\_\_

What ACCCC Committee are you on? (If you are not currently on a committee, please choose a committee to be on)  
 Early Detection  Survivorship  Prevention  Access to Care

Would you like to have yourself/your organization/your project featured by the ACCCC?  
(Please choose one or more options. We will contact you for more information)

- Member Spotlight (newsletter)  Collaboration Corner (newsletter)  
 Collected Works Catalog (ADPH web site)  Presentation (quarterly meetings)

Do you have suggestions for cities and/or specific locations for future ACCCC meetings?

Do you have any additional comments/feedback/suggestions for ACCCC, meetings, etc.?