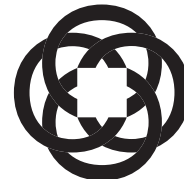


2024 Alabama Comprehensive Cancer Control Coalition Member Information Form



Alabama
COMPREHENSIVE CANCER
CONTROL COALITION

Name: _____

Organization: _____ Profession: _____

Position Title: _____ Degree(s): _____

Age: _____ Ethnicity: _____ Gender: _____

Geographic Region: Northern Northeastern West Central Jefferson East Central Southeastern
 Southwestern Mobile

Sector: Public Health Programs Government Entities Professional Organizations
 Academic Institutions Business/Industry Pharmaceutical Chamber of Commerce
 Media Outlet Church Hospital Community Organization Survivor

Specialty/Expertise - What do you do in your current role? Ex: Outreach, Partnership, or Collaboration:

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-Access to Care Survivorship-Access to Care 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.?

Please return application by email to lakita.hawes@adph.state.al.us.
Thank you for your interest in joining the Alabama Comprehensive Cancer Control Coalition!