

# 2026 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 [accocoalition@adph.state.al.us](mailto:accocoalition@adph.state.al.us).

Thank you for your interest in joining the Alabama Comprehensive Cancer Control Coalition!