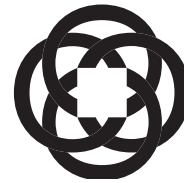


2025 Alabama Comprehensive Cancer Control Coalition Member Information Form



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 acccccoalition@adph.state.al.us.
Thank you for your interest in joining the Alabama Comprehensive Cancer Control Coalition!