



*A public/private partnership
working to reduce the burden
of cancer in New Mexico*

MEMBERSHIP AGREEMENT

Mission: The New Mexico Cancer Council is a collaborative effort of diverse public and private partners working together to attack cancer in our state through the development, implementation and evaluation of the New Mexico Cancer Plan. Our goal is to increase access to information, prevention and treatment using innovative and effective programs and policies thus reducing the human and economic burden of cancer and improving the outcomes and quality of life for New Mexicans.

Membership responsibilities include:

- Support implementation of the *New Mexico Cancer Plan* by acting within the member's organization or in collaboration with other members or member organizations to work towards achievement of one or more of the *Plan's* goals and objectives.
- Attend Cancer Council meetings on a regular basis.
- Agree to participate in evaluation activities to assess effectiveness in achieving goals and objectives of the New Mexico Cancer Plan.
- Serve on the Executive Committee or on other Council committees/workgroups.
- Report progress and accomplishments annually including any collaboration within the member's own organization or with other organizations and how these accomplishments align with the goals and objectives of the Cancer Plan.
- Members retain the right to terminate their membership in the Council at any time.

Agreement

By signing here, you or your organization agree(s) to comply with membership and bylaws.

Signature _____ Date _____

Instructions for completing form:

1. If you are not affiliated with an organization (or choosing not to be affiliated with an organization) please fill out an application as an individual member. *Members may choose to represent themselves as either an organizational member or an individual member, but not both.*
2. Organizational members complete Section 1
3. Individual members complete Section 2
4. Please return application with original signature. (Faxed copies may be sent, but must be followed by original.)

**Keep this page for your records. Return original signed copy of second page of this form to:
Comprehensive Cancer Program, New Mexico Department of Health ♦ 5301 Central Ave, NE, Ste. 800
♦ Albuquerque, NM 87108 ♦ Fax: 505-222-8608 ♦ Ph: 505-222-8613 ♦Attention: Dorine Conley**



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SECTION 1

My involvement in the NM Cancer Council represents the following constituency (ies):

- Treatment/Patient Care
 Education
 Policy
 Research
 Support
 Advocacy
 Business
 Religious Organization
 Media
 School
 Other (please specify) _____

Organization Information

Name of organization: _____

Mailing Address: _____

Head of Organization (Director, CEO, etc.): _____

Name/credentials *Title*

Signature *Date*

Phone: _____ *Email:* _____

By signing, I agree to comply with Council membership requirements and grant permission for myself and/or my organization's name to appear on Council membership lists, as well as any printed or electronic information literature developed by the Council.

Official Organizational Representative to New Mexico Cancer Council

1. Designated *official* representative: _____
Name/credentials *Title*

Signature *Date*

Mailing address: _____

Phone: _____ Fax: _____ Email: _____

2. Designated *alternate* representative: _____
Name/credentials *Title*

Signature *Date*

Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

Person completing this form: _____
Signature *Date*

Please return original completed form to: New Mexico Department of Health, Comprehensive Cancer Control Program, 5301 Central Avenue, NE, Suite 800, Albuquerque NM 87108. If you have questions about this application, contact Dorine Conley at 505-222-8613 or via email at dorine.conley@state.nm.us



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SECTION 2

My involvement in the NM Cancer Council represents the following constituency (ies):

- Treatment/Patient Care
 Education
 Policy
 Research
 Support
 Advocacy
 Business
 Religious Organization
 Media
 School
 Other _____

The New Mexico Cancer Council encourages applications for membership from cancer patients and family members. Your input is vital to the success of the Council, and participating in Cancer Council activities may offer an opportunity for you to use the knowledge you have gained in your personal experience with cancer to improve the lives of all New Mexicans experiencing cancer. We encourage you to make healing yourself and your loved ones your first priority – The New Mexico Cancer Council will be here when you are ready to join the fight.

Individual Member Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

By signing, I agree to comply with Council membership requirements and grant permission for my name to appear on Council membership lists, as well as any printed or electronic information literature developed by the Council.

_____	_____
<i>Name/credentials</i>	<i>Title</i>
_____	_____
<i>Signature</i>	<i>Date</i>

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