

Dear Applicant,

Thank you for your interest in the New Mexico Cancer Council (NMCC). The NMCC is a network of cancer professionals and volunteers working together to support, develop, and enhance cancer programs and services. It is New Mexico's statewide association for cancer related organizations.

The purpose of the Council is to foster coordination and collaboration among cancer related organizations to reduce the burden of cancer in New Mexico.

We ask that all members, partners, and supporters commit to the following statements. There are three levels of participation.

NMCC Member – Organization:

- Is a public, private, or non-profit organization, agency or group that works to reduce the burden of cancer in NM
- Attends NMCC meetings or sends appointed delegate
- Receives all NMCC communications NMCC list serve and organization updates
- Is eligible to serve on Executive Committee
- Has one vote to elect members of the Executive Committee and make decisions at NMCC meetings
- May request letters of support from the NMCC for funding, project proposals, and related matters
- Actively serves on at least one of the following current NMCC Work Groups to help implement the NM Cancer Plan
 - Albuquerque Cancer Coalition
 - Colorectal Cancer
- Native American
- New Mexico Patient Navigation Network
- Palliative Care/ Viva la Vida
- Rural Health Equity

NMCC Partner – Individual:

- An individual who actively participates with the NMCC
- Attends NMCC meetings as available
- Receives all NMCC communications— NMCC list serve and organization updates
- Has one vote to elect the one member of the Executive Committee who represents the Individual Partners
- May participate on one of the NMCC Work Groups to help implement the NM Cancer Plan
- May request letters of support from the NMCC for funding, project proposals, and related matters
- Volunteers for community health events, other Council activities, events and/or advocacy efforts

NMCC Supporter - Organization:

- A non-cancer related organization that provides resources to the NMCC and supports its goals and objectives
- Attends NMCC meetings as available
- Receives all NMCC communications NMCC list serve and organization updates
- Can volunteer for community health events, other Council activities, events and/or advocacy efforts

INSTRUCTIONS FOR COMPLETING NMCC MEMBER, PARTNER, or SUPPORTER APPLICATION

✓ Complete Sections 1-3, and submit your application by mail or fax to: *ATTN: Renee Volker-Rector*

ATTN: Renee Volker-Rector New Mexico Cancer Council P.O. Box 30182 Albuquerque, NM 87190 FAX: 505-222-8620

✓ Keep a copy of your completed application for your records.

New Mexico Cancer Council Membership Application

$\underline{\textbf{SECTION 1}} \textbf{-} \textbf{Applicant information:}$

Please select one box and provide requested information.									
NMCC Member - Organization		NMCC <i>Partner</i> - Individual		NMCC Supporter - Organization					
Organization or Individual Name:									
If an Organization, Primary Contact	t/Indi	ividual:							
Mailing Address:									
City, State, Zip:									
Phone and/or Email:									
Organization Website, if applicable:									
<u>SECTION 2</u> – Applications are reviewed by the Council's Executive Committee. Please provide sufficient information to assist with their decision. You may attach a separate page with additional information.									
1.) If you belong to an organization (If you are an individual please	. –		nat are	e your organization's goals?					
2.) Who is your audience?									
3.) Briefly explain your interest in	joinir	ng the New Mexico Cancer Cou	ncil.						
4.) What skills/capabilities will yo	u brir	ng to the New Mexico Cancer C	ounci	1?					

*The C		rves the rig		ou to request clar		e: ditional inform	nation prior to
respoi memb Counc their i	nsibilities, a pership/par cil, as applic nvolvemen	and bylaws tnership li cable to my t in the Co	s. I further grant ists, as well as a membership/p uncil is not an e	partnership statu endorsement by t	my name to ap ctronic inform s. Applicant a he Council of t	pear on Cour lation literatu cknowledges cheir Organiza	ncil are developed by the
<u>SECTI</u>	<u>ION 3</u> – Ap _l	plication (Certification ar	nd Signature:			
b.	What typ	e of object	ives do you pur	rsue on behalf of <u>y</u>	our employer	or client?	
a.	Please in	dicate whic	ch employers oi	r clients provide	you with finan	cial compens	ation.
		NO	YES (If Yes, please ans	wer 6a and 6b	below)	
cancei				nsation to work oge industry, or m			ated to the areas of /or homeopathic
				ent with New Me volunteer with t			