



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

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 nonprofit 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 listserv 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 Workgroups to help implement the NM Cancer Plan
 

* Albuquerque Cancer Coalition	* Native American	* Quality of Life
* Colorectal Cancer	* New Mexico Patient Navigation Network	* Rural Health Equity

**NMCC Partner – Individual:**

- An individual who actively participates with the NMCC
- Attends NMCC meetings as available
- Receives all NMCC communications – NMCC listserv 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 Workgroups 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 listserv 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, fax or email to:
 

*ATTN: Lydia Montoya  
NM Department of Health  
Comprehensive Cancer Program  
5301 Central Ave NE, Suite 800  
Albuquerque, NM 87108  
FAX: 505-891-5865  
EMAIL: Lydia.Montoya@state.nm.us*
- ✓ Keep a copy of your completed application for your records.

June 2020

# **New Mexico Cancer Council Membership Application**

**SECTION 1 - Applicant information:**

**Please select one box and provide requested information.**

<b>NMCC <i>Member</i> - Organization</b>	<b>NMCC <i>Partner</i> - Individual</b>	<b>NMCC <i>Supporter</i> - Organization</b>
Organization or Individual Name:		
If an Organization, Primary Contact/Individual:		
Mailing Address:		
City, State, Zip:		
Phone and/or Email:		
Organization Website, if applicable:		

**SECTION 2 - 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/agency, please tell us about it. What are your organization’s goals?  
(If you are an individual please skip to question #3.)
  
- 2.) Who is your audience?
  
- 3.) Briefly explain your interest in joining the New Mexico Cancer Council.
  
- 4.) What skills/capabilities will you bring to the New Mexico Cancer Council?

5.) Please describe your current role, or involvement, with New Mexico's cancer community. Include any organizations/companies you work or volunteer with that address cancer-related issues.

**SECTION 3 – Application Certification and Signature:**

By signing, I (applicant) agree to comply with Council membership/partnership requirements, responsibilities and bylaws. I further grant permission for my name to appear on Council membership/partnership lists, as well as any printed or electronic information literature developed by the Council, as applicable to my membership/partnership status. Applicant acknowledges and agrees that their involvement in the Council is not an endorsement by the Council of their Organization's goals, mission or activities. Members/Partners retain the right to terminate their membership in the Council at any time.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

*\*The Council reserves the right to contact you to request clarification or additional information prior to processing your application.*