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. Please keep in mind that if you are a member of an organization, your organization may already be a member, making you a member as well if you wish.

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

✳ Advocacy and Policy ✳ New Mexico Patient Navigation Network ✳ Screening and Early Detection
✳ Native American ✳ Rural Health Equity ✳ Survivorship

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

☐ My organization is a member, but I would like to apply for separate individual membership

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 email to:
EMAIL: ***LauraJ.McGough@doh.nm.gov***

✓ Keep a copy of your completed application for your records

New Mexico Cancer Council Membership Application

SECTION 1 – Applicant information:

Please select one box and provide requested information.

☐ **NMCC *Member* – Organization**	☐ **NMCC *Partner* – Individual**	☐ **NMCC *Supporter* – Organization**
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*.