

**Application for Membership**

I would like to participate in the cancer control efforts of the Connecticut Cancer Partnership. I hope to learn how my professional role and/or personal interests can inform and support the goals, objectives, and strategies of the Connecticut Cancer Plan. I look forward to receiving information about educational and networking opportunities to promote Connecticut cancer control efforts and Partnership initiatives.

*Name*

*Please provide information about yourself in the shaded boxes below.*

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| **Date:** | | | | |  | |
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| **First Name:** | **M.I.** | | | **Last Name:** | | | |
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| **Degrees/Credentials:** | | | | | | |
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| **Job Title:** | | | | | | |
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| **Organization or Affiliation:** | | | | | | |
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| **Address 1:** | | | | | | |
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| **Address 2:** | | | | | | |
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| **City:** | | | **State:** | | | **Zip:** | |
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| **Daytime Phone:** | | **Email:** | | | | | |
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| *Please tell us about your areas of interest, including current involvement with cancer prevention and control programs or activities* | | | | | | |

Please submit this form as an email attachment to:

Lucinda Hogarty, Connecticut Cancer Partnership, Executive Director at

[hogartylhccp@gmail.com](mailto:hogartylhccp@gmail.com)

or mail to:

Katie Shuttleworth, Comprehensive Cancer Program, CT Department of Public Health

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Hartford, CT 06134