

**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:**       |
|  |
| **Degrees/Credentials:**       |
|  |  |
| **Job Title:**       |
|  |  |
| **Organization or Affiliation:**       |
|  |  |
| **Address 1:**       |
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| **Address 2:**       |
|  |  |
| **City:**       | **State:**        | **Zip:**        |
|  |  |
| **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

or mail to:

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

410 Capitol Ave., MS#11CCC

Hartford, CT 06134