

MEMBERSHIP APPLICATION



Membership is open to any individual who subscribes and commits to the mission of the Cancer Alliance of Texas (CAT).

Mission: To engage organizations, agencies, institutions, and individuals to work collaboratively to reduce the impact of cancer in Texas and promote the *Texas Cancer Plan (Plan)*.

Members may represent public, private, and non-profit organizations, or themselves as citizens, volunteers, or survivors.

Instructions: Please complete this application and review the member expectations. Save your completed application before submitting it via email to Amanda Ivarra (amanda.ivarra@dshs.texas.gov).

Contact Information

Name and Credentials:

Title:

Organization:

Address:

City, State, and Zip Code:

Phone:

Email:

Website:

Which of these describes your organization? (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Not applicable; I am joining as an individual | <input type="checkbox"/> Community Clinic/Federally Qualified Health Center |
| <input type="checkbox"/> Local Health Department | <input type="checkbox"/> Faith-based Organization |
| <input type="checkbox"/> State Agency | <input type="checkbox"/> Advocacy Group |
| <input type="checkbox"/> Federal Government | <input type="checkbox"/> Nonprofit Organization |
| <input type="checkbox"/> Professional Society | <input type="checkbox"/> Business |
| <input type="checkbox"/> Academic Institution | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Cancer Center | |
| <input type="checkbox"/> Hospital/Health System | |

Areas of Expertise

Please indicate your area(s) of expertise.

- | | | |
|--|---|--|
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Evaluation | <input type="checkbox"/> Research |
| <input type="checkbox"/> Collaborations | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Strategic Planning and Implementation |
| <input type="checkbox"/> Community Development | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Cultural Competency | <input type="checkbox"/> Government Relations | |
| <input type="checkbox"/> Data Analysis | <input type="checkbox"/> Marketing and Communications | |

What are your organizational or individual cancer-related goals?

How did you learn about CAT? (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Friend/Colleague | <input type="checkbox"/> Search Engine |
| <input type="checkbox"/> Newsletter/Email | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Conference/Meeting Presentation | |
| <input type="checkbox"/> Social Media | |

Why you are interested in joining CAT?

Priority Area Workgroups (PAWs)/Operational Committees

PAWs address priority issues related to the [Plan](#). Operational committees address CAT's administrative and operating issues. Members are expected to participate in at least one PAW or operational committee.

Please select the PAW(s) and/or operational committee(s) you would like to serve on.

PAWs:

- ☐ Tobacco Control
- ☐ Screening and Early Detection
(includes the following subgroups;
check all that apply)
 - ☐ Breast Cancer Screening
 - ☐ Cervical Cancer Screening
 - ☐ Colorectal Cancer Screening
 - ☐ Lung Cancer Screening
- ☐ Survivorship
- ☐ Cancer Disparities (includes liver
cancer prevention)

Operational Committees:

- ☐ Communications
- ☐ Membership
- ☐ Nominations

Member Expectations: There are no membership dues. However, members are expected to:

- Regularly attend meetings and provide feedback on coalition, workgroup, and committee matters.
- Actively participate in at least one PAW or operational committee.
- Frequently share individual and/or organizational updates on cancer control activities related to the *Plan*.

Application Submission: Save your completed application and email it to Amanda Ivarra (amanda.ivarra@dshs.texas.gov)