

Mississippi Partnership for Comprehensive Cancer Control (MP3C) Coalition Member Registration Form

Name: _____

Job Title: _____

Representing Agency/Employer: _____

Mailing Address: _____

E-mail Address: _____

Telephone Number: _____ Fax Number: _____

Please select workgroup(s) in which you are interested in participating:

- | | |
|---|---|
| <input type="checkbox"/> Cancer Prevention | <input type="checkbox"/> Survivorship/Quality of Life |
| <input type="checkbox"/> Cancer Early Detection | <input type="checkbox"/> Cancer Surveillance |
| <input type="checkbox"/> Cancer Diagnosis/Treatment | |

Please select whether you would like to be an active member or participating member.

- | | |
|--|---|
| <input type="checkbox"/> Active Member | <input type="checkbox"/> Non-Participating Member |
|--|---|

** Active members are required to attend at least 50% of Coalition scheduled meetings.*

** Non-participating members are not required but are encouraged to attend Coalition meetings. Non-participating members will receive updates on Coalitions progress.*

** Only Active members are eligible for voting.*

Comments:

Signature: _____ Date: _____
