



Membership Application

Name: _____

Organization: _____

Title: _____

Address: _____

Email: _____

City: _____

Telephone: _____

State: _____

Website: _____

Zip: _____

1) If you belong to an organization, please tell us about it. What are your organization's goals? If you are an individual, please tell us about your personal goals related to cancer prevention:

2) Cancer Control Areas of Interest (*Please select one or more*)

Primary Prevention and Risk Reduction (Promoting change in behavior, policy, environment, or other systems to prevent or reduce the risk of developing cancer)

Screening and Early Detection (Increasing risk-appropriate and timely screening services to detect pre-cancerous changes or cancers as early as possible, when treatment is more likely to be successful)

Diagnosis, Treatment, and Palliation (Ensuring that all patients receive timely and effective diagnostic, treatment, and supportive care)

Quality of Life and Survivorship (Improving the health and well-being of cancer survivors, from the point of diagnosis throughout treatment, and beyond)

Infrastructure (Developing and strengthening a sustainable framework to support delivery of the most appropriate prevention and care services)

Research and Commercialization (Accelerating the discovery, development, and dissemination of innovation in cancer prevention and treatment that holds the potential to reduce the burden of cancer)

3) Areas of Expertise and Knowledge *(Please select one or more)*

Advocacy	Fundraising
Government Relations	Grant Writing
Collaborations	Marketing
Community Development	Communication
Cultural Competency	Research
Data Analysis	Strategic Planning &
Evaluation	Implementation
	Other

4) Disease Specific Areas of Interest *(Please select one or more)*

Bladder	Melanoma
Breast (Female – Male)	Non-Hodgkin Lymphoma
Colon and Rectal (Combined)	Pancreatic
Endometrial	Prostate
Kidney (Renal Cell) Cancer	Thyroid
Leukemia (All Types)	Other
Lung (Including Bronchus)	

5) How did you hear about CAT?

6) Briefly explain your interest in joining CAT:

7) If you are aware of other individuals/organizations who may be interested in joining or partnering with CAT, please list with contact name, phone and email.

**Please save and email completed application to
Lauren.Milius@dshs.texas.gov**