



WYOMING CANCER COALITION

Individual Membership Application

By filling out this application you are committing to be a member of the Wyoming Cancer Coalition. Membership will continue until terminated by the member or after 18 months of inactivity.

Contact Information
Name and credentials: _____ Pronouns: <input type="checkbox"/> she/her <input type="checkbox"/> he/him <input type="checkbox"/> they/them <input type="checkbox"/> I prefer: _____
Mailing Address:
City, State, and Zip Code:
Phone:
Email:

What brings you to the WYCC? Please select all that apply.

- I have been personally impacted by cancer.
- I am/was a caregiver or a loved one of someone personally impacted by cancer.
- I work(ed) or volunteer(ed) in a related field.
- My organization sent me to participate.
 - Name of Organization: _____
 - Sector or industry of my organization: _____
 - My job title: _____
- Other: _____

Which of the 2021-2025 Cancer Plan goals align with your interests?

- Goal 1:** Decrease tobacco and e-cigarette use
- Goal 2:** Increase HPV vaccination completion among adolescents
- Goal 3:** Increase healthy eating and physical activity behaviors
- Goal 4:** Increase screening rates for breast, cervical, and colorectal cancers
- Goal 5:** Decrease proportion of lung cancer diagnoses at late stage by increasing screening
- Goal 6:** Improve resources for cancer survivors
- Goal 7:** Increase training and knowledge for cancer care providers and primary care providers related to cancer treatment and long-term care needs

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Questions? Contact the WYCC!
Email: Info@wyomingcancercoalition.org
Phone: 1800-264-1296

- Goal 8:** Expand resources for patients and families, including palliative care and end of life care
- Goal 9:** Provide didactic and hands-on training opportunities for healthcare providers related to childhood cancer and post-treatment survivorship needs
- None at this time**

Please select one workgroup of interest:

- Prevention: Focus on Goals 1, 2, & 3
- Early Detection & Screening: Focus on Goals 4 & 5
- Survivorship: Focus on Goals 7 & 8
- Childhood Cancer: Focus on Goals 8 & 9

Workgroup Engagement Level (can be adjusted later):

- Informed:** Please include me on listserv emails, save-the-dates, newsletters, and workgroup communications.
- Engaged:** I will attend workgroup meetings, meet others working in the selected workgroup, and engage in helping my organization contribute to the purpose of the workgroup.

Please select all the fields in which you have worked or volunteered:

- Retired from the fields selected below
- Government agency
- Nonprofit/community-based organization
- Academic/research institution
- Medical institution/clinic (physical or mental health)
- Business/industry
- Health insurer/payer
- Legislature/policy
- Public health
- Other: _____

What special skills or secret talents do you have?

- | | |
|--|---|
| <input type="checkbox"/> Marketing/Media/Graphic Design | <input type="checkbox"/> Financial Resources |
| <input type="checkbox"/> Web Design | <input type="checkbox"/> Bilingual/Translation Services |
| <input type="checkbox"/> Project Management and Implementation | |
| <input type="checkbox"/> Meeting Facilitation | |
| <input type="checkbox"/> Other: _____ | |

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