



Mission

The mission of the New York State Cancer Consortium is to reduce the human and economic burden of cancer in New York State.

Vision

People concerned about cancer will work collaboratively to implement the New York State Comprehensive Cancer Control Plan, while respecting and embracing the cultural, demographic and geographic diversity within New York State.

MEMBERSHIP APPLICATION FORM

Membership Agreement:

Membership is open to individuals and organizations (and/or organizational units) whose goals are consistent with those of the New York State Cancer Consortium. Each member agrees to:

- Endorse the mission of the Consortium;
- Act in accordance with the Operational Guidelines;
- Be identified as a Consortium member with organizational affiliation (when applicable), in publications, lists, websites or other appropriate contexts;
- Support efforts to evaluate Consortium activities, including providing information about the cancer control activities in which you and/or your organization are involved;
- Support the commitment to respect diversity and address health disparities;
- Coordinate and collaborate with other organizations and within their own organization to implement strategies that address one or more of the Consortium's goals.

Applicant Information			
Name:	<input type="text"/>		
Title:	<input type="text"/>		
Organization:	<input type="text"/>		
Address:	<input type="text"/>		
City/State/Zip	<input type="text"/>		
County:	<input type="text"/>	Tel:	<input type="text"/>
		Fax:	<input type="text"/>
Email:	<input type="text"/>		
Does your organization cover more than the county/geography listed above? If so, what other counties/geographies does it encompass?	<input type="text"/>		
Signature:	<input type="text"/>	Date:	<input type="text"/>
Alternate Contact Name & Email			
Name:	<input type="text"/>		
Email:	<input type="text"/>		

Please indicate those committees on which you are interested in serving and/or have expertise, as openings arise:

INFRASTRUCTURE/STANDING COMMITTEES:

- Communications:** Provides oversight of Consortium-related communications .
- Evaluation:** Provides oversight on measuring progress toward achieving Plan Goals.
- Membership:** Conducts activities related to membership recruitment/orientation/retention.

PROGRAM COMMITTEES:

- Cancer Prevention & Early Detection:** Identify legislative and policy priorities in prevention and early detection.
- Palliative Care:** Identify policy and legislative approaches and proposals related to palliative care work with the policy committee to respond to them
- Workforce Shortages:** Support legislative and policy approaches intended to address health workforce shortages and work with the policy committee to develop appropriate responses.

ADVISORY COMMITTEE:

- Policy:** Develops legislative policy/advocacy agenda & provides legislative updates

If you have selected a Program or Advisory Committee, what type of experience/ expertise do you have in the selected area(s)?

Conflict of Interest Policy:

New York State Cancer Consortium members shall not be financially interested in any action made by the Consortium or any action they take in their capacity as a Consortium member.

A New York State Cancer Consortium member, who maintains a direct or indirect financial interest in any action considered by the Consortium, shall disclose the interest during the Consortium meeting and have the disclosure specifically noted in the minutes of the meeting. The affected Consortium member shall not vote or debate the matter in conflict or attempt to influence any other Consortium member on the subject in question.

A member of the New York State Cancer Consortium shall not accept compensation, gifts, favors or other benefits from any individual, firm or organization for work performed as a Consortium member.

The New York State Cancer Consortium shall not endorse any person, company, product or procedure without the specific approval of the Steering Committee. Any contributions from corporations or foundations will be disclosed by the New York State Cancer Consortium to its members and the public.

New York State Cancer Consortium members shall not use their official capacity in the Consortium to solicit or otherwise influence others for personal reasons or benefits.

I have read and agree to the New York State Cancer Consortium Conflict of Interest Policy.

Signature:

Date:

Please submit this application electronically, by mail or by fax:
NYS Cancer Consortium
ATTN: Membership Committee
1120 South Goodman Street
Rochester, NY 14620
Tel: 585-223-4915 / Fax: 585-473-2853