



DCCC

DC CANCER CONSORTIUM

5225 Wisconsin Ave., NW, Ste. 503, Washington DC, 20016 | www.dccancerconsortium.org | p. 202.821.1920 | f. 202.821.1924

Application for Membership

Thank you for applying for membership in the DC Cancer Consortium. The Consortium is made up of over 70 District of Columbia and Greater Washington area organizations. Membership is open to organizations and individuals whose missions have commonality with the work of the Consortium. The following are requirements for membership:

- 1) **Organizations:** Must be a legally operating entity (e.g., non-profit organization, for-profit corporation, governmental agency, etc.) within the DC metropolitan area that serves clients or populations within the District.
Individuals: Must be an individual (e.g., advocate, cancer survivor, concerned citizen, etc.) interested in working towards reducing the burden of cancer within DC.
- 2) Endorse the mission, vision, roles and values of the DC Cancer Consortium.
- 3) Agree to be identified as a DC Cancer Consortium member organization or individual.

Member Organization Responsibilities

Official representatives of member organizations have the following responsibilities to the DCCC:

- 1) Regular attendance at DCCC monthly meetings is required. Regular attendance is defined as attending at least one meeting per quarter.
- 2) Actively participate on at least one DCCC Committee.
- 3) Communicate member organization's viewpoints to the DCCC and report back to organization on DCCC activities and plans.
- 4) Support implementation of the DC Cancer Plan by taking action within the member's own organization on a regular basis or in collaboration with other members or member organizations to help achieve one or more of the DC Cancer Plan's priorities.
- 5) Agree to support and participate in efforts to evaluate implementation activities and to assess effectiveness in achieving plan objectives and goals.
- 6) Members retain the right to resign their membership at any time.

Individual Member Responsibilities

Individual members of DC Cancer Consortium have the following responsibilities to DCCC:

- 1) Regular attendance at DCCC monthly meetings is required. Regular attendance is defined as attending at least one meeting per quarter. If the designated representative cannot attend, a substitute should be sent in their place.
- 2) Actively participate on at least one DCCC Committee.
- 3) Represent their individual views to the DCCC.
- 4) Support efforts to implement and evaluate the DC Cancer Plan.
- 5) Individuals retain the right to resign their membership at any time.

Application Instructions:

- Please fill out only one application per organization. If you are not affiliated with an organization or are choosing not to identify yourself as belonging to one, please fill out an application as an individual member. Make sure to complete all pages in their entirety.
- Please fill out application and email completed copy to info@dccancerconsortium.org or fax signed copy to 202-821-1924. Incomplete applications will be returned.



Member Organization Application

Please fill out this section if you are registering your **organization** for membership.

Organization Information

Name _____

Title _____

Mailing Address _____

Website Address _____

Head of Organization (Director, CEO, etc) _____

Phone _____ Fax _____

Please review the organizational categories listed below. Check all categories that apply to your organization and please specify "other" if checked.

- Hospital or health care system
- Health care center/private practice
- Health care insurance plan
- Academic institution
- Public Health (federal, state or local public health agency)
- Professional/Trade membership organization
- Community-based and/or not-for-profit organization representing specific populations including survivors, consumers, ethnic groups, etc.
- Other (please specify) _____

Organization Representative Information

Below, please provide the name of and contact information for your organization's designated representative. Because the Consortium is an action-oriented body, it is important that you designate a senior representative with the authority to make decisions and commitments on behalf of your organization.

Name of Representative _____

Title _____

Address _____

Phone # _____ Fax # _____

Email address _____

Additional Representatives attending:

Name of Representative _____

Title _____

Address _____

Phone # _____ Fax # _____

Email address _____

Name of Representative _____

Title _____

Address _____

Phone # _____ Fax # _____

Email address _____

Name of Representative _____

Title _____

Address _____

Phone # _____ Fax # _____

Email address _____

Interest in DCCC Committees

Please check the Committee that your organization is most interested in serving on and provide a brief description of your organization's qualifications or interest in addressing the checked priorities. Attach additional pages if necessary.

Access to Care Committee: Improve access to primary and cancer care for DC residents

___ **Clinical Trials Subcommittee:** Increase participation of underserved and underinsured communities in cancer trials, as well as improving patient awareness of access to clinical trials.

Activity: Support efforts to raise participation through awareness of targeted primary care physicians about their role in cancer clinical trials.

Early Detection Committee: Improve early detection of breast, cervical, colorectal, prostate and oral cancers at treatable stages to improve mortality rates in the District.

___ **Breast and Cervical Cancer Subcommittee:** increase screening rates per American Cancer Society screening guidelines, particularly of underserved and underinsured women.

Activity:

Support the work of several outreach and screening grants.

___ **Prostate Cancer Subcommittee:** to increase screening rates per American Cancer Society screening guidelines of African American men.

Activity:

Develop consensus on prostate cancer screening in the District of Columbia, by convening key decision makers and developing recommendations.

___ **Colorectal Cancer Subcommittee:** to increase screening rates per American Cancer Society screening guidelines.

Activity:

Increase screening and reduce the impact of disparities of colorectal cancer among residents of the District of Columbia through a comprehensive, city-wide screening program.

___ **Public Policy Committee:** to develop DCCC positions on legislative/policy issues; to identify opportunities for collaboration in advocacy efforts; and to ensure DCCC membership is informed and motivated to influence the local and Federal policy process.

___ **Survivorship Committee:** to address and support various aspects of cancer survivorship; to improve the quality of life for DC cancer survivors.

Planned activities (entire committee):

- o 2nd Annual Survivorship Jubilee celebration in 2010

___ **Transportation Subcommittee:** to increase demand-responsive public transportation for low-income cancer survivors and patients.



Individual Member Application

Please fill this out if you are applying as an **individual**, not representing a larger organization.

Individual Member Information

Name _____

Mailing Address _____

Email Address _____

Phone _____ Fax _____

Please indicate whether you would like to be listed by name on the DC Cancer Consortium website as an individual member. Y/N

Interest in DCCC Committees

Please check the Committee that your organization is most interested in serving on and provide a brief description of your organization's qualifications or interest in addressing the checked priorities. Attach additional pages if necessary.

Access to Care Committee: Improve access to primary and cancer care for DC residents

___ **Clinical Trials Subcommittee:** Increase participation of underserved and underinsured communities in cancer trials, as well as improving patient awareness of access to clinical trials.

Activity: Support efforts to raise participation through awareness of targeted primary care physicians about their role in cancer clinical trials.

Early Detection Committee: Improve early detection of breast, cervical, colorectal, prostate and oral cancers at treatable stages to improve mortality rates in the District.

___ **Breast and Cervical Cancer Subcommittee:** increase screening rates per American Cancer Society screening guidelines, particularly of underserved and underinsured women.

Activity:

Support the work of several outreach and screening grants.

___ **Prostate Cancer Subcommittee:** to increase screening rates per American Cancer Society screening guidelines of African American men.

Activity:

Develop consensus on prostate cancer screening in the District of Columbia, by convening key decision makers and developing recommendations.

___ **Colorectal Cancer Subcommittee:** to increase screening rates per American Cancer Society screening guidelines.

Activity:

Increase screening and reduce the impact of disparities of colorectal cancer among residents of the District of Columbia through a comprehensive, city-wide screening program.

___ **Public Policy Committee:** to develop DCCC positions on legislative/policy issues; to identify opportunities for collaboration in advocacy efforts; and to ensure DCCC membership is informed and motivated to influence the local and Federal policy process.

___ **Survivorship Committee:** to address and support various aspects of cancer survivorship; to improve the quality of life for DC cancer survivors.

Planned activities (entire committee):

- o 2nd Annual Survivorship Jubilee celebration in 2010

___ **Transportation Subcommittee:** to increase demand-responsive public transportation for low-income cancer survivors and patients.

Additional Information – Please fill out this section if you are registering yourself or an organization.

Please describe your skills, including work experience, hobbies, or other useful skills from which you feel the Consortium would benefit.

Please let us know of other affiliations you have, such as clubs, associations, house of worship, etc. These organizations may give the DC Cancer Consortium a possible audience for a future program. (Please note that we will not contact them without your involvement.)

If you are a DC resident, which Ward do you reside in?
