

MCC Membership Requirements

Membership is open to organizations whose missions support the Michigan Cancer Consortium (MCC) goals and special projects. The following are requirements for membership in the MCC:

- Endorse and support the implementation of all MCC goals and special projects.
- Provide annual reports about progress and accomplishments.
- Vote on MCC governing activities.
- Coordinate and collaborate within its organization or with other organizations to implement strategies that address one or more MCC goals.
- Have a significant presence in Michigan.

ORGANIZATION INFORMATION

Organization Name:

Address:

City:

State:

Zip Code:

County:

Website

Head of Organization (Director, CEO, etc.):

Name:

Credentials:

Title:

Phone:

Fax:

Email:

CONTACT INFORMATION

In order to have your organization represented at MCC meetings and other related functions, it is necessary to designate an organization representative and alternate.

Organization Representative

Alternate Representative

Name:

Name

Credentials:

Credentials:

Title:

Title:

Address

Address:

City:

City:

State:

Zip Code:

State:

Zip Code:

Phone

Phone:

Fax:

Fax:

Email:

Email:

MCC GOALS AND SPECIAL PROJECTS

Please indicate which goals and/or special projects your organization has agreed to address:

Goals (2009 – 2015)	Special Projects (2009 – 2011)
<input type="checkbox"/> Breast Cancer	<input type="checkbox"/> By 2011, 90 percent of women will report being offered age-appropriate breast cancer risk information, education, and suitable services.
<input type="checkbox"/> Cancer Survivorship	<input type="checkbox"/> By 2011, increase cancer survivors' awareness of and access to survivorship resources and services.
<input type="checkbox"/> Cervical Cancer	<input type="checkbox"/> By 2011, reduce rates of cervical in-situ cancer among women aged 20 to 39 years by 10%.
<input type="checkbox"/> Childhood Cancers	
<input type="checkbox"/> Colorectal Cancer	<input type="checkbox"/> By 2011, increase the proportion of health care providers that recommend appropriate colorectal cancer screening.
<input type="checkbox"/> End-of-Life Care	
<input type="checkbox"/> Environmental/Occupational Cancers	
<input type="checkbox"/> Genomics	<input type="checkbox"/> By 2011, expand public knowledge regarding the impact of genetics on cancer risk and management (breast, ovarian, and colorectal cancers).
<input type="checkbox"/> Healthy Lifestyles	
<input type="checkbox"/> Ovarian Cancer	
<input type="checkbox"/> Prostate Cancer	
<input type="checkbox"/> Skin Cancer	
<input type="checkbox"/> Tobacco Control/ Lung Cancer	<input type="checkbox"/> By 2011, increase the number of health care providers and allied health care professionals statewide who receive training in tobacco use assessment and treatment methods.

Please send this completed form to:

Email: richardsons2@michigan.gov

Fax: 517-335-9397 **Attn:** Sandie Richardson

MCC Staff Use Only:

Health Care Insurance Plan	Public Health	Community-Based Health Systems with Cancer Programs	Special Populations
Health Care Purchasers	Health Education/Research and Evaluation	Trade/Professional/Advocacy	University-Based Health Systems with Cancer Programs