Kansas Cancer Partnership (KCP)
Member Information Form

On behalf of my organization/agency, I accept and sign this commitment and participation document as a member of the Kansas Cancer Partnership. I understand that expenses incurred by my participation are my responsibility or that of my organization.

I would like to participate in the following workgroup/s:
(Note: work on KCP priorities for tobacco control and HPV vaccination will be conducted in collaboration with Tobacco Free Kansas Coalition and Immunize Kansas Coalition during KCP's full membership meetings.)

☐ **Financial Burden & Health Equity**
☐ **Early Detection & Diagnosis**
☐ **Survivorship**
☐ **Policy**
☐ **Other area of interest/expertise** (specify) _____

Name & Title _____
Organization _____
Email address _____
Phone number _____

We do not want you to have to worry about which pronoun someone is going to use for you based on how they perceive your gender. Please tell us what pronoun(s) we may use in conversation with you. Examples include: She/her/hers, he/him/his, They/them/theirs, Ze/hir/hir, and just my name.

Pronouns _____

☐ *I am related to a cancer survivor*
☐ *I am not a cancer survivor*
☐ *I am a cancer survivor*

I have read the Kansas Cancer Partnership Operating Guidelines and understand my responsibilities as an active member.

_____ _____ _____
Full Name Signature Date

PRIVACY POLICY: We will not share or sell your personal or work data with any other groups or organizations.

You may also mail, or email completed form to:

Matilda Michaelis
KDHE
1000 SW Jackson, Ste. 230
Topeka, KS 66612
Matilda.J.Michaelis@ks.gov

CLICK HERE to Submit Form