



Membership Information

1. Contact Information

Name: _____

Address: _____

Phone #: _____ Fax #: _____

E-mail: _____

2. Occupation/Affiliation (if applicable): _____

3. Are you Hispanic or Latino? _____ Yes _____ No

4. Race: Please select one or more. If multiracial, select all that apply.

- American Indian or Alaska Native
- Black or African American
- Native Hawaiian or Other Pacific Islander
- Asian
- Caucasian

5. Please select if you are a current member of the following: Select all that apply.

- Cancer Task Force
- Tobacco Task Force