



Organizational Membership Application

Per the Iowa Cancer Consortium (ICC) Bylaws, membership is open to any person/organization interested in reducing the burden of cancer in Iowa and meeting all membership requirements. Organizations may be represented by designated individuals.

Responsibilities

- Serve as contact point with constituents for information to and from the ICC
- Identify and share strategic resources
- Provide input on identified needs of the ICC as requested
- Attend ICC annual meetings or send a representative if unable to attend
- Identify with and be actively involved with a Standing Committee and Implementation Group (IG)
- Disseminate ICC information and communication, as appropriate, to colleagues (if applicable)

Benefits of Membership

- Eligible to serve as a Director on ICC Board of Directors
- Voting rights in ICC elections
- Free ICC Spring Meeting registration, and reduced Iowa Cancer Summit registration
- Receive ICC correspondence
- Eligible to apply for ICC funding
- Statewide networking

Benefits Specific to Organizational Membership:

- Organization’s logo and link to website on www.CancerIowa.org landing page.
- Reduced exhibit fee at Iowa Cancer Summit
- One free Iowa Cancer Summit registration
- Recognition (logo) in the monthly ICC newsletter
- Priority for mentioning events on ICC Facebook page, website, and newsletter.

Individuals/organizations maintain the right to resign their membership at any time.

_____ agrees with the rights and responsibilities of the Iowa Cancer Consortium as reflected in the bylaws.
 (organization)

Organizational Contact (please print): _____
 Title: _____ Date: _____
 Street Address: _____
 City/State: _____ Zip: _____
 Phone: _____ Email: _____
 Organization’s website: _____

X _____
 (Signature)

Up to five individual representatives may be named on your organizational membership. Please complete the following sections for each individual.

Please send completed application and invoice to:
Rollins@CancerIowa.org | O: (319) 384-1741 | F: (319) 335-4072
 Iowa Cancer Consortium, 100 MTP4 RM 162, Iowa City, IA 52242-5000



ICC Organizational Membership (name of organization): _____

Organizational Representative 1: _____

Title: _____
Street: _____ City/State: _____ Zip: _____
Phone: _____ E-mail: _____

Organizational Representative 2: _____

Title: _____
Street: _____ City/State: _____ Zip: _____
Phone: _____ E-mail: _____

Organizational Representative 3: _____

Title: _____
Street: _____ City/State: _____ Zip: _____
Phone: _____ E-mail: _____

Organizational Representative 4: _____

Title: _____
Street: _____ City/State: _____ Zip: _____
Phone: _____ E-mail: _____

Organizational Representative 5: _____

Title: _____
Street: _____ City/State: _____ Zip: _____
Phone: _____ E-mail: _____

The individuals listed in this application agree with the rights and responsibilities of the Iowa Cancer Consortium as reflected in the bylaws.

The individuals listed in this application understand that the ICC occasionally publishes the names and locations of its members, as well as photos taken at ICC and related events. These individuals hereby give consent for use of their images (photograph and/or videotape), names, organization name, and locations to the ICC and understand that they may be used more than once for promotional purposes.



ICC Organizational Membership (name of organization):

Invoice for ICC Organizational Membership - \$250
(Membership valid through December 31, 2012)

Name of Organization: _____
Name of Organization Contact: _____
Organization Address: _____
Organization Phone: _____ Organization E-mail: _____
Organization Website: _____

Payment Method

Check: payable to Iowa Cancer Consortium

Credit Card

VISA MasterCard

Name on card: _____ Signature: _____
Card No. _____ Expiration Date(MM/YY) _____
3-Digit Security Code: _____

Billing Address for Credit Card: Same as above

Address: _____
City: _____ State: _____ Zip: _____

Total Payment: \$ 250