Membership F	Form—page 2 of 2
	as a member of the H subcommittee: (check
Prevent	tion
Early D	
Quality	
chair will cont update you on	subcommittee chair or vice- cact you after enrollment and current projects, activities, you to become involved.
Agents of Hop	oe Members:
I volunteer wi	th:
Please return	membership form:
By mail to:	Jenny Ostien
	Mountains of Hope
	P.O. Box 6886
	Morgantown, WV 26506
By fax to:	Jenny Ostien
,	304-293-9211
For Office Use C	only:
	Added to MOH
	Added to AOH
	Added to Listserv
	Membership packet mailed
	Removed from membership Other

As a member of Mountains of Hope, I agree to have my photograph and name used in communications regarding Mountains of Hope.

Signature Date

Contact Information:

Mountains of Hope P.O. Box 6886 Morgantown, WV 26506 Phone: 304-293-2370

Fax: 304-293-9211

www.wvmountainsofhope.org

Mountains of Hope is supported by the West Virginia Comprehensive Cancer Program of the West Virginia Department of Health and Human Resources with support from Cooperative Agreement Number U55/CCU000768 from the Centers for Disease Control and Prevention.

Join us in the Fight Against Cancer





Mission:

To facilitate and coordinate collaborations, statewide and at the community level, to address Mountains of Hope's designated priority areas.

Vision:

To reduce the human and economic impact of cancer in West Virginia.

Mountains of Hope:

The Mountains of Hope Cancer Coalition (MOH) works to lower the number of people in West Virginia who are affected by cancer. MOH has over 250 members carrying out this mission. Healthcare providers, public health professionals, students, cancer survivors, and volunteers work together on projects in three priority areas:

- prevention
- early detection
- quality of life

MOH meets four times a year as a way to update members on projects, news, and information from others across the state. Also, members plan ways to support the mission of MOH and to address the goals and objectives of the West Virginia Comprehensive Cancer Plan.

Member Benefits:

- Network with others who share your interest in cancer prevention and control
- Receive up-to-date cancer information
- Receive information on local, state, and national cancer programs
- Be a part of the fight against cancer

Types of Membership:

- Student
- Regular
- Agent of Hope (AOH) any MOH member that is a volunteer or who volunteers in cancer related projects not associated with a paying job

MOH Founding Organizations:

- West Virginia Comprehensive Cancer Program
- West Virginia University Mary Babb Randolph Cancer Center
- American Cancer Society
- West Virginia Breast and Cervical Cancer Screening Program

Become a Member:

To join, fill out this form and return to Mountains of Hope

	Membership	Form—pa	age 1 of 2
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State: Zip Code: E-mail: Phone: Fax: Employer/School: Work Title/Degree Program: Please add me as a: (check all that apply)	Name:
State: Zip Code: E-mail: Phone: Fax: Employer/School: Work Title/Degree Program: Please add me as a: (check all that apply)	Address: home work/school
State: Zip Code: E-mail: Phone: Fax: Employer/School: Work Title/Degree Program: Please add me as a: (check all that apply)	
State: Zip Code: E-mail: Phone: Fax: Employer/School: Work Title/Degree Program: Please add me as a: (check all that apply)	
E-mail: Phone: Fax: Employer/School: Work Title/Degree Program: Please add me as a: (check all that apply)	City:
Phone: Fax: Employer/School: Work Title/Degree Program: Please add me as a: (check all that apply)	State: Zip Code:
Fax: Employer/School: Work Title/Degree Program: Please add me as a: (check all that apply)	E-mail:
Employer/School: Work Title/Degree Program: Please add me as a: (check all that apply)	Phone:
Work Title/Degree Program: Please add me as a: (check all that apply)	Fax:
Please add me as a: (check all that apply)	Employer/School:
Please add me as a: (check all that apply)	
	Work Title/Degree Program:
Student Member	Please add me as a: (check all that apply)
	Student Member
Regular Member	Regular Member
Agent of Hope	Agent of Hope
I was referred by MOH member:	I was referred by MOH member:

Please turn over