

**MEMBERSHIP APPLICATION
FOR NATIONAL COUNCIL ON SKIN CANCER PREVENTION**

1. Date: _____

2. Type of Membership

Please review the various types of membership that are detailed in the Bylaws and then indicate for which type of membership you are applying by checking the appropriate box below:

- Core Member
- General Member
- Advisory Member or Federal Liaison
- Alliance Collaborator Member

3. Organization Name: _____

Contact Name for National Council: _____

Title: _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

4. Type of Organization:

- Non-Profit (501 (c) (3))
- Government Agency
- Professional Association
- Public Health Organization
- Other: _____

5. Date of Establishment/Incorporation (month/year): ____ / ____

6. What are the missions and goals of the organization?

11. What benefits do you and/or your organization expect to receive from membership into the National Council?
12. As a member of National Council, how does your organization expect to contribute to the mission, goals and activities of the National Council?
13. What share of your organization's funding comes from:
- ___ % Public Support
 - ___ % Private Grants
 - ___ % Government Grant
 - ___ % Corporate Support
 - ___ % Professional Association Membership Dues
 - ___ % Federal Funding
 - ___ % Other: _____
- = 100%

Thank you for your interest in The National Council on Skin Cancer Prevention.

**Please email this application to John Antonishak, NCSCP Executive Director
antonishak@skincancerprevention.org**