



**BALTIMORE COUNTY CANCER COALITION**  
**Membership Information Form**  
(Also for interested persons)

Completion and submission of this form serves as your intent to participate as a member of the Baltimore County Cancer Coalition. You will be contacted by the Coalition Administrator regarding future Coalition meetings and activities.

Name: \_\_\_\_\_

Title:  
(if applicable) \_\_\_\_\_

Organization:  
(if applicable) \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

- I confirm my intent to participate as a member of the Baltimore County Cancer Coalition.
- Please include my name and information on the Interested Parties listing **only**. I do not wish to participate as a member of the Coalition at this time.
- Please include the name of our organization and link to our website (if available) on the Baltimore County Government website / Cancer Coalition webpage.

Official Name of Organization \_\_\_\_\_

Website Address (if applicable) \_\_\_\_\_

Fax your completed form to 410-377-8104