

## What is Comprehensive Cancer Control?



Comprehensive Cancer Control is a collaborative process through which a community and its partners pool resources to:

- promote cancer prevention
- improve cancer detection
- increase access to health and social services, and
- reduce the burden of cancer

These efforts will contribute to reducing cancer risk, detecting cancers earlier, improving treatments and enhancing survivorship and quality of life for cancer patients.

## Guam Comprehensive Cancer Control Coalition



The Guam Comprehensive Cancer Control Coalition (Cancer Coalition) is a diverse group of public and private sector stakeholders and individuals whose collaborative work identifies methods to reduce the burden of cancer and eliminate gaps in cancer services in Guam.

The success of the Cancer Coalition and the implementation of the Guam Comprehensive Cancer Control Plan depend on the commitment and involvement of a broad spectrum of organizations and partners who are willing to share their expertise, resources and experiences with one another.

We invite you to join us as we work to reduce the burden of cancer in Guam.

As a member of the Cancer Coalition, you will:

- be involved with developing, enhancing and supporting cancer programs and services;
- be able to advocate for and support cancer survivors and their families; and
- be able to network with others in the community that share a strong interest in cancer and access cancer-related resources and information.

## Guam Comprehensive Cancer Control Program



The Guam Comprehensive Cancer Control Program (GCCCP) was funded through a grant from the U.S. Centers for Disease Control and Prevention in 2007. The GCCCP is operated by the Guam Department of Public Health and Social Services and uses an "integrated and coordinated approach to reduce cancer incidence, morbidity and mortality through prevention, early detection, treatment, rehabilitation and palliation."

# Guam Comprehensive Cancer Control Coalition

## MEMBERSHIP APPLICATION

Mr./ Ms./ Dr. \_\_\_\_\_  
First Name M.I. Last Name

Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number (1): \_\_\_\_\_

Phone Number (2): \_\_\_\_\_

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

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

**I represent:** *(Please check all that apply)*

Individual I am not part of an organization. I am interested in joining as an individual/citizen.

Government  National  
 Territory/State/Local

Non-Government Organization  
 For Profit  
 Non-Profit  
 Private  
 Community-Based  
 Faith-Based  
 Educational

Other Describe: \_\_\_\_\_  
\_\_\_\_\_

**If Government/Non-Government/Other:**

Name of Organization: \_\_\_\_\_

Name and Title of Organization Head: \_\_\_\_\_

Your Position Title: \_\_\_\_\_

I am a cancer survivor. *(Optional)*

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