

### Types of Membership:

- Regular
- Agent of Hope (AOH)—community volunteers who actively promote cancer awareness in their local communities and support and promote the mission and vision of MOH. AOH encourage positive behavior change, especially in rural and isolated communities

Please add me as a: (check all that apply)

\_\_\_\_\_ Regular Member

\_\_\_\_\_ Agent of Hope

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please return membership form:

By mail to: Jenny Ostien  
Mountains of Hope  
P.O. Box 9350  
Morgantown, WV 26506

By fax to: Jenny Ostien  
304-293-9211

By e-mail to: jostien@hsc.wvu.edu

### 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.

### Workgroups:

Mountains of Hope has several workgroups relating to the Aims of the WV Cancer Plan 2016-2020. After your member application is received you will be contacted by a member of the Steering Committee to discuss the coalition, answer questions, and explain the workgroups. They will also help you find the workgroup or workgroups that best fit your interests and skills.

### Contact Information:

Mountains of Hope  
P.O. Box 9350  
Morgantown, WV 26506  
Phone: 304-293-2370  
Fax: 304-293-9211

[www.wvmountainsofhope.org](http://www.wvmountainsofhope.org)

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# Join Us in the Fight Against Cancer



*Mountains of Hope*  
*West Virginia Cancer Coalition*  
*Collaborating to Conquer Cancer*



## Mountains of Hope:

The Mountains of Hope Cancer Coalition (MOH) is a group of individuals and organizations in West Virginia who are part of the effort to reduce the impact of cancer in the state. These cancer control stakeholders represent a variety of organizations and interest areas, including state and local governments; private and nonprofit organizations; health, medical, and business communities; academic institutions; researchers; cancer survivors; caregivers; and advocates. MOH develops and implements WV's Comprehensive Cancer Plan.

## Member Benefits:

Mountains of Hope members will receive:

- Leadership opportunities which are open to all active members
- A vote in coalition leadership and to adopt or reject bylaw amendments
- Regular updates on cancer control activities throughout WV
- Avenues for networking across disciplines and organizations statewide
- Access to educational resources and training opportunities
- Well-deserved recognition for your cancer control efforts
- Satisfaction in helping to reduce cancer-related risks and costs, both within your organization and across the state
- Subscription to the coalition listserv

- Access to expert speakers for your organizations or events
- Access and opportunity to impact policy at the local and state level

## Member Responsibilities:

Mountains of Hope member are to:

- Attend and fully participate in coalition activities
- Support the vision, mission, and values of the coalition
- Inform their organizations of the Coalition's decisions and activities
- Support and utilize the Cancer Plan
- Take specific action to implement the goals, objectives, and strategies of the Cancer Plan
- Be identified as a member of MOH
- Support and participate in evaluation for implementation efforts
- Report implementation efforts and progress to MOH
- Report in-kind contributions towards MOH activities, such as student volunteer time, donated meeting space, implementation efforts, etc.
- Share ideas and recommendations
- Participate in establishing statewide priorities for the control of cancer toward which the collective energies of MOH can be directed
- Assist with recommending and recruiting new members
- Assist with recommending and recruiting new coalition leaders

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

**Work Title:** \_\_\_\_\_

**Employer:** \_\_\_\_\_

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

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

**State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Address:** \_\_\_ home \_\_\_ work

**E-mail:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

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

Please turn over \_\_\_\_\_→

