

**Nebraska Breast & Cervical Cancer Advisory Committee
Member Application Form**

Name: _____

Organization (if applicable): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: (_____) _____

Email: _____

Briefly describe your qualifications and why you would like to join the Advisory Committee:

Please return this application via email or regular mail to:

NE-DHHS - Women's and Men's Health Program

ATTN: Tina Goodwin, BSN, RN

P.O. Box 94817

Lincoln, NE 68509-4817

Tina.Goodwin@nebraska.gov

Thank you for your interest in breast and cervical cancer control!