



SUPPORT FOR PEOPLE WITH ORAL AND HEAD AND NECK CANCER | EST. 1991

Date of Application: _____

**Application for Affiliation
Support for People with Oral and Head and Neck Cancer, Inc. (SPOHNC)**

We, The Undersigned, hereby apply to Support for People with Oral and Head and Neck Cancer, Inc.

(SPOHNC) for the purpose of establishing a chapter of SPOHNC in _____.

This chapter is to be called SPOHNC-_____

and will meet at _____

In signing this application, we agree to respect and maintain the confidentiality of our members in whatever services we perform and to comply with the national policies of SPOHNC. Fundraising by the members of this SPOHNC chapter will be solely for the benefit of SPOHNC National to help strengthen its program of Outreach, which provides information and resources to all constituents.

If at any time we choose to withdraw our affiliation with SPOHNC, we will return all written materials and submit all accounting books and monies held by the chapter to the National Headquarters of SPOHNC at the following address: P.O. Box 53, Locust Valley, NY 11560-0053.

Print Name	Signature of Administrator Facilitator



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**APPLICATION FOR CHAPTER FACILITATOR | CO-FACILITATOR
FACILITATOR | CO-FACILITATOR MUST BECOME A MEMBER OF SPOHNC**

Name:		Street Address			
City		State		Zip Code	
Mailing Address (if different from above)					
Telephone		Fax		Email	

Are you a member of SPOHNC?		How many years?	
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COMMUNITY INVOLVEMENT | ORGANIZATIONAL MEMBERSHIP

1.	Have you ever been actively involved with any other organization? Please describe below:
2.	Reason for applying:
3.	Describe your work experience as it may pertain to coordinating or facilitation a support group:

As a Facilitator/ Co-Facilitator of a SPOHNC Chapter, I will adhere to the standards and policies of SPOHNC and use all information and literature in the best interests of Support for People with Oral and Head and Neck Cancer, Inc., P.O. Box 53, Locust Valley, NY 11560-0053.

Any membership information which I may receive is privileged information to be used only for SPOHNC purposes and may not be duplicated or transmitted to others without written permission from SPOHNC.

If I resign as a SPOHNC Facilitator/Co-Facilitator, I will return any materials, attendance sheets and inquiry requests to SPOHNC.

Membership fee of \$30.00 is included with this application. Renewal of membership is yearly.

Signature:		Date:	
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