

Canadian Breast Cancer Network
Advisory Committee
Member Application
**CONFIDENTIAL**

|  |  |
| --- | --- |
| **First Name:** Click or tap here to enter text. | **Last Name:** Click or tap here to enter text. |
| Street Address: Click or tap here to enter text. |
| City: Click or tap here to enter text. | Postal Code: Click or tap here to enter text. |
| Phone Number: Click or tap here to enter text. | Email Address: Click or tap here to enter text. |
| Year of Birth: Click or tap here to enter text. | Year of breast cancer diagnosis: Click or tap here to enter text. |
| Stage at diagnosis: Click or tap here to enter text. | Current breast cancer stage: Click or tap here to enter text. |
| What type(s) of breast cancer do you have (please check all that apply): |
| [ ]  DCIS (ductal Carcinoma in Situ)[ ]  LCIS (Lobular Carcinoma in Situ)[ ]  Invasive Ductal Carcinoma[ ]  Invasive Lobular Carcinoma[ ]  Secretory breast carcinoma[ ]  Inflammatory breast cancer[ ]  Metaplastic  | [ ]  Paget’s Disease[ ]  HR+ (Hormone Receptor Positive; ER and/or PR)[ ]  HER2-positive (Human Epidermal Growth Factor Receptor 2)[ ]  Triple Negative[ ]  Other: Click or tap here to enter text. |
| Do you represent any of the following communities? |
| [ ]  Indigenous: Click or tap here to enter text.[ ]  Person of colour:Click or tap here to enter text.[ ]  New to Canada[ ]  Disabled persons | [ ]  LGBTQ[ ]  Young person[ ]  Senior person[ ]  Remote community[ ]  HBOC |
| What are your areas of interest in breast cancer? |