A picture containing text

Description automatically generated

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

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| --- | --- |
| **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? | |