



**Regional Community Asthma Network of the Finger Lakes**  
**RCAN**  
**Member Registration**

Please sign the application in the appropriate places and follow the submission instructions written at the end of the form.

1. Name: \_\_\_\_\_

Occupation/Title: \_\_\_\_\_

Mailing address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

2. I would like to be a RCAN member representing:

Myself, as an individual

The following institution/agency/organization: \_\_\_\_\_

\_\_\_\_\_

3. I am interested in participating on the Steering Committee only.

4. I am interested in participating on the following Standing Committee(s) (please check):

**Outcomes & Evaluation:** Identify and implement strategies to monitor change in asthma prevalence and incidence data.

**Public Education:** Develop and implement public awareness, informational campaigns and educational programs for the prevention of asthma episodes.

**Professional Education:** Promote the use of current evidence-based “Best Practices”.

**Schools:** Implement the American Lung Association’s *Open Airways for Schools* (OAS) program in elementary schools, provide asthma awareness training for school staff and promote other school-based initiatives.

**Asthma Case Management:** Develop and coordinate asthma care for high-risk pediatric asthma patients through a case management approach.

5. By signing below, I verify that I have read and that I understand the By-Laws of RCAN and agree to abide by the Conflict of Interest Policy statement.

\_\_\_\_\_

(Signature)

(Date)

**Please return completed application to:**

Cindy Trubisky, Project Coordinator

RCAN

1595 Elmwood Ave. Rochester, NY 14620

Phone: (716) 442-4260 Fax:(716) 442-4263 Email: [alact@rochester.rr.com](mailto:alact@rochester.rr.com)