

CENTRAL ARIZONA HIV PREVENTION ADVOCATES

MEMBERSHIP APPLICATION

Print or type responses.

Return this form to:

Mary Leasor

Maricopa County Department of Public Health

4041 N Central Ave Suite 1531

Phoenix, AZ 85012

Fax: (602) 506-6896

(Please call Mary at 602-506-6009 if you have questions.)

Yes! I want to apply to serve as a member of the Central AZ HIV Prevention Advocates group.

Name (as you wish to be listed): _____

Membership is made up of representatives of the populations most at risk for HIV infection in the Central Region (Maricopa and Pinal counties). To represent a designated risk group, a member should be able to reflect that community's values, norms, and behaviors, and have expertise in understanding and addressing the HIV prevention needs of the population. Representatives also must be able to participate in the Central AZ HIV Prevention Advocates group and objectively weigh the overall priority prevention needs of the region and state.

Below is a list of currently identified risk groups. Please indicate if you represent any of the following. All possible target populations may not appear at this time.	
Please choose <u>one</u> area of representation:	Please choose any additional attributes of your representation:
<ul style="list-style-type: none"><input type="radio"/> HIV+ persons<input type="radio"/> MSM (men who have sex with men)<input type="radio"/> IDU (injection drug users)<input type="radio"/> Heterosexuals<input type="radio"/> MSM/IDU (men who have sex with other men and use injection drugs)	<ul style="list-style-type: none"><input type="radio"/> Male<input type="radio"/> Female<input type="radio"/> Transgendered<input type="radio"/> Urban<input type="radio"/> Rural<input type="radio"/> Black / African American<input type="radio"/> Hispanic / Latino<input type="radio"/> Asian / Pacific Islander<input type="radio"/> American Indian / Alaska Native<input type="radio"/> Caucasian/European<input type="radio"/> Youth<input type="radio"/> Incarcerated persons

What contributions, skills, knowledge, etc. do you have that will benefit the group?
(Please attach a separate piece of paper if there is not enough space to respond)

Address (where you wish information to be sent):

Telephones: (W) _____ (H) _____

FAX _____ e-mail _____

Would you like information to be sent to your postal mailing address or e-mail address?

List email: _____

I understand the expectations of membership in the Central Arizona HIV Prevention Advocates group. I have read / discussed and agree to abide by the guidelines and by-laws of the Central AZ HIV Prevention Advocates.

Signature _____

Thanks for your interest!

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