Membership Application

This application, and the organization's membership list, are confidential. According to the bylaws, memberships expire each year. All memberships expire in March and all members are provided the opportunity to renew their membership at that time.

Please return this application to Sarah Chown, Executive Director:
401-1101 Seymour Street (4th Floor) sarahc@aidsvancouver.org
Vancouver, BC V6B 0R1 604-696-4655

Your Name:	use whatever name you go by (does not have to be a legal name)
Phone #:	
Is it okay to say "AIDS Vancouver" when calling and/or leaving a message? ☐ Yes ☐ No	
Email:	
Reach me by:	☐ Phone (call me) ☐ Phone (text me) ☐ Email
Mailing Address:	optional

☐ I am **renewing** my AIDS Vancouver membership.

☐ I am applying for an AIDS Vancouver membership **for the first time.**

OPTIONAL: ☐ I am living with HIV/AIDS ☐ I am a current AIDS Vancouver volunteer

By signing below, I am confirming that I am applying to be a member at Vancouver AIDS Society (the legal name of the organization) and participate in the organization's governance.

- There is no annual membership fee.
- You do not need to be a member to access services at AIDS Vancouver.

Signature:

Date:

Donations can be made on our website at **www.aidsvancouver.org/donate** or by filling out the form below:

Donation Amount: _____

Type of donation: ☐ One time donation ☐ Monthly donation

I am paying by: ☐ Cheque payable to AIDS Vancouver ☐ Credit Card (info below)

Card Number: Expiry Date:

Tax receipts will be issued for donations when a mailing address is provided. AIDS Vancouver's Charitable Business Number is 10668 9896 RR0001.

Learn more about governance at **www.aidsvancouver.org/governance.**