



THE RED ROAD HIV/AIDS NETWORK MEMBERSHIP APPLICATION FORM



Month _____ Year _____

- Full membership (\$50.00)**
 - 1= Aboriginal HIV/AIDS Service Organizations
 - 2= Aboriginal Organizations
- Associate membership (\$25.00)**
Non-Aboriginal Organization that has Aboriginal HIV/AIDS Clients
- Individual (\$5.00)**
- Aboriginal People Living with HIV/AIDS (by donation)**
- Elders (free)**

Organization: _____

Contact Name: _____

Address: _____

City: _____ **Postal Code:** _____

Work Phone: _____ **Home Phone:** _____

Fax No.: _____ **E-mail:** _____

Web site: _____

Services: _____

Note: *It is the members responsibility to notify THE RED ROAD HIV/AIDS NETWORK SOCIETY of any changes in their phone number, contact name or address. Please provide a profile of your organization and attach it to this application form.*

Return to: Suite 804-100 Park Royal South, West Vancouver, BC, V7T 1A2
Tel: 604.913.3332 Fax: 604.913.3352 Toll Free:

1.866.913.3332