



Membership Form for Regional HIV/AIDS Connection

By submitting this form, I am indicating my desire to become a member of Regional HIV/AIDS Connection (RHAC) from September 5, 2019 to Sept 11 2020. Membership acknowledges that I agree with and support RHAC's mission statement, mandate and guiding principles as outlined on our website [visit hivaidsconnection.ca].

Membership fees are **\$10 per year**. This fee is waived for individuals living with HIV or Hepatitis C, or any individual who has volunteered at least 20 hours with RHAC in the last six months.

To be eligible to vote at RHAC's Annual General Meeting (AGM), we must receive this form from new members by Monday August 26th, 2019. Renewing members may bring their form (and/or fee) to the AGM on September 5th, 2019.

Please check one of these boxes:

- Enclosed is my \$10 membership fee.
- Fee is waived (I volunteered 20 + hours with RHAC in the last six months or am living with HIV/HCV)

Print Name _____ Address _____

City _____ Postal Code _____ Phone _____

E-mail _____ Date (MM/DD/YYYY) _____

Payment: \$ _____ Cash Cheque VISA MasterCard

Card# _____ Card Expiry (MM/YY) _____

Signature _____

**Mail to: #30-186 King St., London, ON, N6A 1C7, Attention Martin McIntosh
or, email to: info@hivaidsconnection.ca**