



# 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 6, 2018 for a period of one year. Membership acknowledges that I agree with and support RHAC's mission statement, mandate and guiding principles as outlined on our website [visit [hivaidsconnection.ca](http://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 September 1<sup>st</sup>, 2018. Renewing members may bring their form (and/or fee) to the AGM on September 6<sup>th</sup>, 2018.**

**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  
or, email to: [info@hivaidsconnection.ca](mailto:info@hivaidsconnection.ca)**