

## Membership Form

**MEMBERSHIP IS FREE. Any HIV-positive woman in British Columbia can become a member of Positive Women's Network. Members are eligible to receive publications, vote at annual general meetings, and attend events. Fill out both sides of application.**

Date \_\_\_\_\_

Name (first, last) \_\_\_\_\_

Address \_\_\_\_\_

City, Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact (name and phone) \_\_\_\_\_

Date of birth (day/month/year) \_\_\_\_\_

Canadian citizenship  YES  NO      If no, what citizenship? \_\_\_\_\_

Racial and/or cultural heritage \_\_\_\_\_

First language \_\_\_\_\_

Do you identify as transgendered?  YES  NO

In what year were you first diagnosed with HIV? \_\_\_\_\_

Have you been diagnosed with hepatitis C?  YES  NO      If yes, in what year were you first diagnosed with hep C? \_\_\_\_\_

If you have any children, please list their full names, birth dates, and living arrangements (e.g., whether they reside with you).

Child's name	Date of birth (day/month/year)	(Living arrangements)
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Child's name	Date of birth (day/month/year)	(Living arrangements)
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Child's name	Date of birth (day/month/year)	(Living arrangements)
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**Do you want to be on our mailing list?**      Yes       No       **member initials** \_\_\_\_\_

**Do you want to be on our email list?**      Yes       No       **member initials** \_\_\_\_\_

**Can we leave you phone messages?**      Yes       No       **member initials** \_\_\_\_\_

**If yes, can we identify who we are on the messages?**      Yes       No       **member initials** \_\_\_\_\_

**NOTE—NEW MEMBERS MUST VERIFY THEIR HIV STATUS IN WRITING BY A DOCTOR, NURSE, OR STREET NURSE.**

If you have already submitted a verification form to your local ASO, please check box and fill out a release of information.

Verification form attached here

Verification form submitted to \_\_\_\_\_ (e.g., AIDS Vancouver, Oak Tree Clinic)

Release of information form sent to \_\_\_\_\_ to secure verification

**See reverse side.**

### **Confidentiality Policy for Members, Volunteers, and Staff**

Positive Women's Network (PWN) recognizes that the members have the right to privacy and confidentiality in relation to the services provided by the organization. All information relating to a member must be treated as confidential, whether written, verbal, or in another form. Confidentiality, as outlined in this document, means that staff, volunteers, board members, and PWN members will not disclose any information received from a member using the services of PWN, unless given permission to do so in the manner outlined below.

**Positive Women's Network acknowledges the following:**

1. Staff, volunteers, and members respect the confidentiality of any information relating to individual personnel records, PWN business, or PWN member files.
2. Staff, volunteers, members, and board members will not disclose the names of PWN members or information pertaining to PWN members to any person not also affiliated with PWN, unless they obtain specific prior written or verbal consent from the individual involved.
3. Examples coming from individual experiences for the purposes of public education, training, or research may be used as long as the identities of these individuals are protected. Names may not be disclosed in these circumstances unless prior consent is obtained from the individual.
4. Members of PWN have the right to have all personal information they choose to share with staff, volunteers, or other members of the network held in strict confidence. Staff will respect this confidentiality, but may share essential information with other staff involved in the continuing care of the member (e.g., for providing better service, for the safety of the member).
5. Members have the right to see any personal information recorded on file pertaining to them and their use of services.
6. Personal information about PWN members may be released upon a court order or as required by law.

I have read PWN's Confidentiality Policy as stated above. I understand and agree to its terms. I understand and agree that in my involvement with PWN, I must hold information pertaining to members and specified PWN business in the strictest of confidence. Furthermore, I understand that intentional or involuntary violation of this confidentiality may result in the termination of my association with PWN.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

PWN respects your privacy and is committed to protecting your personal information. PWN has policies and procedures that conform to the requirements of the BC Personal Information Protection Act (PIPA). The information you provide to PWN on this form will be maintained as a secure, confidential record. PWN maintains appropriate safeguards regarding the privacy of members, volunteers, supporters, and staff. Please contact us if you wish to see our complete PWN Privacy Policy.