



PWN Membership Form

Date _____ Name _____
First Last

Address _____

City, Province _____ Postal Code _____

Home Phone _____ Other Phone _____

Email Address _____

Emergency Contact (name and phone) _____

Date of Birth

Day	Mo.	Year
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What is your racial and/or cultural heritage? _____ (e.g. Caucasian, Aboriginal, etc.)

Do you want to be on our mailing list? Yes No member initials _____

Do you want to be on our emailing list? Yes No member initials _____

Can we leave you phone messages? Yes No member initials _____

If yes, can we identify who are? 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 submitted to _____ (e.g. AV, OTC, etc.)
- Verification form attached here
- Release of information form sent to _____ to secure verification

MEMBERSHIP IS FREE. A PWN member is any HIV-positive woman in British Columbia, and is eligible for receipt of publications, voting privileges at annual general meetings and attendance at PWN events.

*****REVIEW CONFIDENTIALITY POLICY WITH NEW MEMBER -- (see reverse) --**
HAVE MEMBER SIGN POLICY

The Positive Women's Network 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.



Positive Women's Network Confidentiality Policy for PWN Members, Volunteers and Staff

The Positive Women's Network recognizes that the members have the right to privacy and confidentiality in relation to the services provided by this 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 members of the network 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.

The Positive Women's Network (PWN) acknowledges that:

1. Staff, volunteers and members of PWN 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, or information pertaining to PWN members to any person not also affiliated with PWN, unless they obtain the specific prior written or verbal consent of 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 continued care of the member (i.e. for providing better service, or 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: _____

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