



**POSITIVE WOMEN'S NETWORK**  
**MEMBERSHIP FORM**

Date \_\_\_\_\_ Name \_\_\_\_\_  
First Last

Address \_\_\_\_\_

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

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

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

Date of Birth 

Day	Mo.	Year
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What is your racial and/or cultural heritage? \_\_\_\_\_

Do you want to be on our mailing 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 BCPWA or AIDS Vancouver, please check and fill out a release of information.

PWA form submitted      AV form submitted      Hospital Visit Confirmed

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.

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.

Office use only: Received \_\_\_\_\_ Input \_\_\_\_\_ Initials \_\_\_\_\_