

ife NSW Membership Application Form

I wish to become a member of Positive Life NSW and I agree to abide by the Constitution of the Organisation at all times. I am applying for (please tick one box below)

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☐ FULL Membership	
I am 18 years or over, and a NSW resident living with HIV. As a person living with HIV, I understand that I am entitled to full voting rights.	
□ ASSOCIATE Membership I am a NSW resident affected by HIV, i.e. a partner, family member, carer, healthcare worker/ or under the age of 18 years living with HIV (subject to the consent, where appropriate, of his or her parent or guardian), and resides inside or outside New South Wales.	
□ By post only (in a plain unic□ By email only (my email add□ By post and email (both)	• •
CONTACT DETAILS	
First Name	
Last Name	
Mobile	
Home phone	
Email	
POSTAL ADDRESS	
Street Address	
Suburb	
Town/City	
Postcode	
AGREEMENTS	
I would like to volunteer I would like to donate MEMBERSHIP PRIVACY/HEA Positive Life NSW collects your per and only used to add you to our mean Positive Life NSW and all our publistore your personal information in Access to your information is strice.	ALTH INFORMATION STATEMENT ersonal information in accordance with our Privacy Policy. Your details are strictly confidential nembership database. If you provide your email address we will send you information about dications. You can unsubscribe from email updates following the instructions in the email. We hardcopy or electronically or both. etty limited to Positive Life NSW staff and will not be passed on to any other organisation or borrect your personal/health information by contacting us on (02) 8357 8386 or free call 1800
Signature	Date / /