



Positive Life NSW Membership Application Form

The voice of all people living with HIV

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'm applying for: (please tick one box below)

FULL Membership

I am 18 years or over, and a NSW resident living with HIV. As a person living with HIV, 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.

I consent to receive information from Positive Life: (please tick one box below)

By post in a plain unidentified envelope (my postal address is below)

By email only (my email address is below)

By post and email

Contact Details

First Name _____

Last Name _____

Mobile _____

Home phone _____

Email _____

Postal Address

Street Address _____

Suburb _____

Town/City _____ Postcode _____

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Agreements

- I have read the Privacy/Health information statement below and consent to my information being collected and stored.
- I would like to volunteer
- I would like to donate

MEMBERSHIP PRIVACY/HEALTH INFORMATION STATEMENT

Positive Life NSW collects your personal information in accordance with our Privacy Policy. Your details are strictly confidential and only used to add you to our membership database.

If you provide your email address we will send you information about Positive Life NSW and all our publications. You can unsubscribe from email updates following the instructions in the email. We store your personal information in hardcopy or electronically or both.

Access to your information is strictly limited to Positive Life NSW staff and will not be passed on to any other organisation or individual. You can access and correct your personal/health information by contacting us on (02) 9206 2177 or free call 1800 245 677 or email contact@positivelife.org.au

Signature _____

Date ____/____/____