



## **Society Membership Application Form**

**Thank-you** for expressing an interest in becoming an active member with HIV West Yellowhead Society! There are many benefits to becoming a member, including the unique opportunity to attend skills building workshops throughout the year, the chance to play an important role in directing HIV WY's programming and the ability to network with new and interesting people in our region.

### ***General Information***

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

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Birth date: \_\_\_\_\_

### ***Motivation***

Why are you interested in becoming a member of HIV West Yellowhead Society? What do you hope to gain from this experience?

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### ***Skills, Experience & Interests***

Present or previous community or volunteer involvement:

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Other skills, experience or special interests:

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Do you have any professional skills you wish to offer HIV West Yellowhead Society? If so, please describe (ie. accounting, law background, fund development etc):

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**Signature of Applicant:** \_\_\_\_\_

**Date:** \_\_\_\_\_

### **For Office Use Only**

Membership Application Approved?

Yes/No

Notes: