



Membership Application

All details provided will be treated as strictly confidential.

I wish to become a member of People Living with HIV/AIDS Victoria (PLWHA Victoria) and to receive all privileges of said membership. I agree to abide by the Rules of the organisation at all times. I understand I can obtain copies of the Rules of the organisation from the PLWHA Victoria office.

Please **Full Membership:** I am HIV positive and am able to provide verification of this if required.

Associate Membership: I do not wish to disclose my HIV status, I am HIV negative or I do not know my HIV status.

Name	
Signature	Date
Address	
Postcode	
Telephone	Email

Please fax or post your membership application to:

PLWHA Victoria
Suite 1, 111 Coventry Street
Southbank VIC 3006
Fax: 03 9863 8734

For all enquiries, please call 03 9863 8733.

I do not wish to be contacted by postal mail.

EDUCATION, INFORMATION & REPRESENTATION FOR ALL PEOPLE
LIVING WITH HIV/AIDS AND AFFECTED COMMUNITIES IN VICTORIA