

Canadian Treatment Action Council (CTAC)
Conseil canadien de surveillance et d'accès aux traitements (CCSAT)

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P.O. Box 203, Suite 1109B, 555 Richmond St. West ◆ Toronto, Ontario M5V 3B1 ◆ Canada
Phone & Fax: (416) 410-6538 ◆ www.ctac.ca ◆ Email: ctac@ctac.ca

CTAC INDIVIDUAL MEMBERSHIP APPLICATION FORM

Name: _____ Gender: _____

Mailing Address: _____

E-mail: _____

Home phone: _____ Office phone: _____

Fax: _____

I am applying as:

- a person living with HIV/AIDS (Full Individual Membership)
- An HIV- or undisclosed person (Associate Individual Membership)

In order to help better serve and represent the various populations that comprise CTAC's members, would you please select the populations with which you identify. More than one selection is possible.

This section is optional.

- | | |
|---|--|
| Aboriginal | Black Canadian, African, Caribbean Community |
| Women | Current and/or former substance user |
| Youth | Prisoner/Ex-prisoner |
| Co-infected | Other _____ |
| Hep A ___ Hep B ___ Hep C ___ Other _____ | |

Important: If you are declaring your HIV+ status or demographic information above, CTAC will maintain confidentiality as outlined in our privacy policy. To read CTAC's privacy policy, please visit www.ctac.ca/files/Privacy_Policy.pdf.

The format in which I would prefer to receive CTAC's publications and regular mailings is:

- Either mail or email. Printed copies by mail only. Electronically by e-mail.

No printed mail! (By making this selection, I understand I will not receive AGM materials such as election ballots and by-law changes and, therefore, may miss the opportunity to vote at the AGM. I understand I can visit the CTAC office to pick up election materials. I understand I have the option to change the status of how I would prefer to receive mailings at anytime by contacting the CTAC office.)

Please note: All communication sent by postal mail will be in non-identified confidential packaging.

My preferred language of correspondence is:

- English French Either

CTAC Mandate: To secure and ensure access to therapies and treatments for people living with HIV/AIDS by working with the public, private and not-for-profit sectors.

CTAC informs research and public policy, and promotes public awareness; provides mentoring and skills building in these areas to people living with HIV/AIDS; encourages and facilitates the exchange of related information to stakeholders; builds and works with coalitions to address broader health care issues impacting access to therapies and treatments.

"Yes, I have read and agree with CTAC's mandate."

Signature: _____ **Date:** _____

Please return completed application to CTAC by mail, fax, or email