

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 ORGANIZATIONAL MEMBERSHIP APPLICATION FORM

Organization: _____

Mailing Address: _____

E-mail: _____ Website: _____

Phone: _____ Fax: _____

The following individual will be the representative of our organization:

Name: _____

Title: _____

Office Phone: _____ Email: _____

Our organization/group/project has: (please attach your mandate to this application)

a substantial HIV/AIDS mandate a partial HIV/AIDS mandate

In order to help better serve and represent the various populations that comprise CTAC's members, please select the populations your organization serves. 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 _____	

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

Either mail or e-mail Printed copies by mail Electronically by e-mail

Our preferred language of correspondence is: English French Both

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

SIGNATURE OF AUTHORIZED ORGANIZATIONAL REPRESENTATIVE

NAME OF BOARD CHAIR OR EXECUTIVE DIRECTOR

SIGNATURE OF BOARD CHAIR OR EXECUTIVE DIRECTOR

DATE

Please return completed application to CTAC by mail or fax