

ORGANIZATION (for organizational members)			
PROFESSIONAL TITLE (at member organization)			
TITLE	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms. <input type="checkbox"/> Other
NAME			
ADDRESS			
CITY		TELEPHONE	
PROVINCE OR TERRITORY		CELL	
POSTAL CODE		E-MAIL	
COUNTRY		LANGUAGE PREFERENCE	<input type="checkbox"/> English <input type="checkbox"/> French

YES, I want to receive the Legal Network's biweekly email newsletter.

MEMBERSHIP TYPE AND PAYMENT DETAILS

MEMBER TYPE	DESCRIPTION		
INDIVIDUAL		\$10	<input type="checkbox"/>
ORGANIZATION	Annual Budget < \$CAD100 000	\$75	<input type="checkbox"/>
	Annual Budget \$CAD100 000 – 300 000	\$150	<input type="checkbox"/>
	Annual Budget \$CAD300 000 – 750 000	\$250	<input type="checkbox"/>
	Annual Budget > \$CAD750 000	\$350	<input type="checkbox"/>
ADDITIONAL DONATION	An additional contribution will help us bring about real lasting change in laws, policies and programs, both in Canada and abroad, and improve the lives of thousands or even millions of people. Please help us fight for health and social justice – RIGHT(S) NOW.	DONATION AMOUNT	
		TOTAL	
TOTAL			

Please check if you do NOT want to be listed in our annual report

PAYMENT OPTIONS

<input type="checkbox"/> Cheque or money order payable to "HIV Legal Network"	
<input type="checkbox"/> VISA Card number: _____	Expiration date: ____/____
X _____	Name on card: _____

All Legal Network memberships expire March 31st.

By submitting this form, you consent to receiving electronically any information the Legal Network is required by law to send to our members. You may withdraw this consent at any time by writing us at info@hivlegalnetwork.ca, in which case such information will be sent by mail or other means satisfying the applicable legal requirement.

FOR OFFICE USE ONLY

Chq. / Auth. # _____

Date Processed _____