



REGISTRATION FORM
RED ROAD HIV/AIDS NETWORK
ANNUAL GENERAL MEETING

January 19, 2015 (5pm-8pm)

**Chief Simon Baker Room, Vancouver Aboriginal Friendship
Centre**

Please return by fax/email to: Red Road HIV/AIDS Network Society
#61-1959 Marine Drive, North Vancouver, BC V7P 3G1
Fax: 778-340-3328 Email: info@red-road.org

Name: _____

Organization/Title: _____

Mailing Address: _____

City: _____ **Province:** _____ **Postal Code:** _____

Daytime telephone _____ **Fax:** _____

Email: _____

Are you a Red Road HIV/AIDS Network member? _____ **Yes** _____ **No**

1.) Please indicate which membership category applies to your affiliation with the Red Road:

____ **Organization member** (Full membership, Aboriginal HIV/AIDS Organizations or an Aboriginal Organization)

____ **Associate member**

____ **Individual**

____ **Aboriginal People Living with HIV/AIDS**

____ **Elder**

Please send me information on how to become a member of the Red Road _____ **Yes** _____ **No**

SPECIAL NEEDS:

____ **Wheelchair Access** _____ **Sharps Disposal** _____ **Vegetarian**

Other, (please specify) _____