

# Membership Information & Application Form



- Anyone living in the greater Toronto area can apply for membership to the Toronto People With AIDS Foundation. Just fill in the form below and submit it to us with your \$10 membership fee. (*Membership fees can be waived upon request.*)
- Although PWA clients, volunteers and donors are encouraged to become members, membership status is not automatic.
- All members must agree with PWA's mission statement.
- All memberships are valid for the calendar year—from January 1st to December 31st. New or lapsed members must apply at least 30 days in advance of a membership meeting or AGM in order to vote.
- Voting members of the Toronto People With AIDS Foundation will be notified of all membership meetings, and have the right to attend meetings, participate in meetings, vote, nominate candidates for the Board, and stand for office.
- All members will receive PWA's newsletter and Annual Report.
- All members are encouraged to provide direction and support for the agency, and to act as ambassadors for PWA in support of its mission.

For further information, or if you have any questions about membership, or to find out if you are already listed as a member, please contact Murray Jose, Executive Director at 416-506-8606 ext. 218 or by email at [mjose@pwatoronto.org](mailto:mjose@pwatoronto.org).

**OUR MISSION IS TO PROMOTE THE HEALTH AND WELL-BEING OF ALL PEOPLE LIVING WITH HIV/AIDS BY PROVIDING ACCESSIBLE, DIRECT, AND PRACTICAL SUPPORT SERVICES.**

I, \_\_\_\_\_, hereby agree to support the mission of the Toronto People With AIDS Foundation.  
(printed above)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please complete this membership application and return it to us with your \$10 membership fee to :

200 Gerrard Street East  
2nd Floor  
Toronto, ON  
M5A 2E6  
Attn: Le Thai Ly,  
Office Coordinator

\_\_\_\_\_  
First Name

\_\_\_\_\_  
Last Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Suite

\_\_\_\_\_  
City

\_\_\_\_\_  
Postal Code

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Email

Please check one:

I would like to renew my existing membership

I would like to apply for a new membership

I would like my membership fee waived