



<b>ORGANIZATION</b> (for organizational members)			
<b>PROFESSIONAL TITLE</b> (at member organization)			
<b>TITLE</b>	<input type="checkbox"/> Mr.	<input type="checkbox"/> Mrs.	<input type="checkbox"/> Ms. <input type="checkbox"/> Other
<b>NAME</b>			
<b>ADDRESS</b>			
<b>CITY</b>		<b>TELEPHONE</b>	
<b>PROVINCE OR TERRITORY</b>		<b>CELL</b>	
<b>POSTAL CODE</b>		<b>E-MAIL</b>	
<b>COUNTRY</b>		<b>LANGUAGE PREFERENCE</b>	<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		
<b>INDIVIDUAL</b>		\$10	<input type="checkbox"/>
<b>ORGANIZATION</b>	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"/>
<b>ADDITIONAL DONATION</b>	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.	<b>DONATION AMOUNT</b>	
		<b>TOTAL</b>	
<b>TOTAL</b>			

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 "Canadian HIV/AIDS 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@aidslaw.ca](mailto:info@aidslaw.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 \_\_\_\_\_

