

Hawai`i HIV/AIDS Community Planning Group (CPG)

Member Application Form

Today's Date:	
Your name:	
Home Address:	
City/Town:	Zip:
Place of Work, if any:	
Home Phone:	Work phone (if any):
Cell Phone (if any):	Fax (if any):
Email (if any):	
Do you have regular access to a computer? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Where do you prefer to be contacted? <input type="checkbox"/> home <input type="checkbox"/> work	



Which of the categories of membership are you applying for?

If you do not "fit" into one of these categories, please let the CPG Coordinator know (733-9010)

Choose One:

A. People at Risk for HIV

Men who have sex with men (MSM)

Injection Drug Users (IDU) and Injection Drug Users/ Men who have sex with men MSM/IDU

Women at risk

Transgender individual

HIV positive individuals

Choose One:

B. People living with HIV/AIDS*

- Men who have sex with men (MSM)
- Injection Drug Users
- Injection Drug Users who have sex with men
- Women at risk
- Transgender individuals

* HIV status will need to be disclosed at the CPG.

All applicants need to answer the questions below:

1. Describe your experience or interest in HIV/AIDS, prevention and/or care issues and community planning:

2. Why do you want to be a member of the Community Planning Group?

3. How would the Community Planning Group benefit from your membership?

⇒ The Hawai'i HIV/AIDS Community Planning Group meets nine times each year on O`ahu, usually on a Friday. Meetings take up most of the day with lunch provided. Transportation is provided for Neighbor Islanders.
If you are elected, could you attend these meetings? Yes No

◆ Please provide this information about yourself:

Your age:

Your gender: ___male ___female ___transgender

Your ethnicity:

This section is optional. Please feel free to answer all, none, or some of these questions. This information will be used to help determine the composition of the CPG to make sure that a variety of voices will be heard.

➡ *Your sexual orientation:* ___Heterosexual ___Bisexual
___Gay male (MSM) ___Lesbian ___Other (explain):

➡ *Your HIV status:* ___positive ___negative ___unknown



*** Please return this application form by email, fax or snail mail to:**

Paul Davis
Community Planning Coordinator
SAPB
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Honolulu HI 96816

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Email: paul.davis@doh.hawaii.gov

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