

Date _____ FirstName _____ Last Name _____

Benefits of Membership with PLFV

- | | | |
|---|---|---|
| <ul style="list-style-type: none"> • be heard, have a say! • enjoy an insiders opportunity to serve |  | <ul style="list-style-type: none"> • receive updates about HIV and Hepatitis • receive our newsletter |
|---|---|---|

Society Member Information

Preferred Phone Number	Secondary Phone Number	When is the best time to reach you?
Address		
Address		
City	Postal Code	Email

Are you HIV or Hepatitis Positive? _____ Y _____ N _____

Would you like to know more about our services or have a support worker contact you? If so please circle Yif no circle N
Are you interested in volunteer opportunities? (circle one) Yes No

Agreement

Positive Living Fraser Valley Society will not share or sell your personal information.

By signing this, you agree: from time to time we may contact you regarding special events	You further agree: To hold confidential information gained as a result of your affiliation with PLFV
Signature	Please print name

PLFV Authorized Signature	Please print name	Date
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Physical Address
 108A 32883 South Fraser Way
 Abbotsford BC V2S 2A6

Mailing Address
 P.O. Box 2183 Station A
 Abbotsford BC V2T 3X8

Phone: 604-854-1101
 Fax: 604-854-1105
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