

HIV/AIDS Regional Services (HARS)
Members * Volunteers * Donors - (2011 - 2012)

- ___ I want to become/renew my membership (see below).
- ___ I would like to volunteer. Please call me.
- ___ I would like to make a donation (cheque enclosed).

Name: _____

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Address: _____ City _____

Postal Code: _____

Phone: _____

Date: _____

Memberships: Regular: \$15 ___ Senior/Unemployed/Student: \$5 ___
Person living with HIV/AIDS: no fee ___