



Annual Membership Form

- New Membership Renewal Membership

Category

Check the appropriate membership category:

- Individual (\$40) Student (\$20) Retired (\$20)

Enclosed is my additional donation in the amount of \$_____.

I have enclosed payment for the following:

\$_____ Membership Dues

\$_____ Donation

\$_____ GRAND TOTAL

Payment Method

Make all checks payable to National Black Women's HIV/AIDS Network, Inc.

Mail to: 1813 Laurel Street, Columbia, SC 29201

Your Contact information

Name _____

Employer/School _____

Address _____

City _____ State _____ Zip _____

Work Phone _____ Fax _____

Home Phone (optional) _____ Email _____

- Please use the contact information above in the NBWHAN membership roster
 Please do not include my name or information in the NBWHAN membership roster

How did you hear about NBWHAN? _____

Areas of expertise & interest _____

I am interested in serving on the following NBWHAN Committee(s):

- Public Policy & Legislation Research Membership Programs
 Fund Development Governance