



Positive Life SA Membership Registration Form

Membership Information (fields marked with an **asterisk*** are compulsory)

Given Name(s)*						Family Name(s)*						Date of Birth*		/ /			
Residential Postcode*						Organisation						Position Held					
What is your HIV Status?*		Positive	Negative	Unknown	What is your Hepatitis C Status?		Positive	Negative	Unknown	Do you identify as an Injecting Drug User?		Current	Former	Never			
How do you identify your gender?*			Male	Female	Intersex	Transgender: Male Female			Other:								
How do you identify your sexuality?*		Gay	Lesbian	Bisexual	Heterosexual	Other:			What is your Cultural Identity?*								

Contact Information (you need to provide at least one valid contact)

Postal Address		Street						Suburb							
State				Postcode				Email Address							
Home Phone				Can we leave a message on this number?		Yes	No	Mobile Phone				Can we leave a message on this number?		Yes	No
How would you prefer us to contact you?*			Home Phone		Mobile Phone		Email		Can we post information to you?*			Yes	No		

Other Information

What is your housing situation?*		a)	I own my home	I'm renting from Housing SA	I'm renting privately	b)	I live alone	I live in shared accommodation	I live with family						
Are you currently employed?*		Yes, I work Full Time			Yes, I work Part Time		Yes, I Volunteer		No, I am not currently employed						
Are you currently receiving Government Benefits?*		Yes, Disability Support Pension		Yes, other:		No	Do you have a Health Care Card?*		Yes	No	If Yes, when does it expire?*		/ /		
Emergency Contact Name*						Contact Number*					Relationship				
Do you have current Ambulance Cover?*		Yes	If yes, what's your member no. & expiry date?					If no, would you like further info?		Yes	Do you have a Disability other than HIV?		Yes	Details if Yes:	
		No								No			No		
Are you interested in Volunteering with PLSA?		Yes, please register me as a volunteer		Yes, please give me more info		No	Volunteer Area of Interest		HIVE	Clinic	Kitchen	Research	Event Specific Support		



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Do you have Dependent Children?		Yes	No	Number of Dependent Children		Dependent Children are those children that live with you and are under 18 years old (or under 25 if studying).	
If Yes:	Given Name(s)	Family Name		Date of Birth	Relationship	% of time they are in your care	
Child 1				/ /			
Child 2				/ /			
Child 3				/ /			
Child 4				/ /			

Your signature below indicates that you:

- Are applying for registration as a member of Positive Life South Australia Inc.;
- Have read and understood the Positive Life SA Privacy Statement; and
- You give us permission to hold and use your personal information solely for the purposes of providing you with assistance and support.

The info you provide is securely stored, is only available to authorised employees and may only be shared with a third party **with your permission**.

Membership Entitlements:

- Full Members (those members who are HIV Positive, reside in South Australia and have provided evidence of their HIV status) are entitled to receive a copy of our quarterly newsletter, receive news about upcoming events and participate in programs and events. Full members also have access to the HIVE and (with a health care card) financial assistance from the Red Ribbon Bobby Goldsmith Fund.
- Associate Members (those members who are not, or have not provided evidence that they are, HIV Positive) are entitled to receive a copy of our quarterly newsletter, receive news about upcoming events and participate in some programs.
- Corporate Members are organisations that have expressed active support for the objectives of Positive Life SA and are entitled to receive a copy of our quarterly newsletter, receive news about upcoming events and attend events as invited.

Applicant's
Signature: _____ Date: / /

Staff Member's
Signature: _____ Date: / /

Office Use Only

Created	29/06/2011	Review Date	29/06/2014	Version	3.3	Member Type	Full	Associate	Corporate				
HIV Evidence	Yes	No	HCV Evidence	Yes	No	Eligible for RRBGF	Yes	No	Eligible for HIVE	Yes	No	Family Bonus Code	
Date Processed	/ /20		Member Number				Volunteer Referred?	Yes	No	Referred to			