



# MEMBERSHIP APPLICATION

North Dakota Community Planning Group mission is to develop and design a comprehensive HIV prevention plan targeting defined high-risk population with scientifically based prevention interventions that are responsive to the identified needs of these populations.

North Dakota CPG continually pursues collaborative efforts in education, cultural awareness, and elimination of the stigma of HIV/AIDS.

All of the information obtained in connection with the nomination/application forms and the selection process to the North Dakota Community Planning Group for HIV Prevention (CPG) will be strictly confidential and not disclosed without the applicant's consent

<b>Name</b>		<b>Date</b>		
<b>Business Address</b>		<b>Residence Address</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>	<b>County</b>	<input type="checkbox"/> <b>Urban</b> <input type="checkbox"/> <b>Rural</b>
<b>Home Phone</b>		<b>Work Phone</b>		<b>Email</b>
<b>Employer</b>	<b>Occupation/Job Title</b>		<b>Length of time in position</b>	

1. To ensure that membership reflect the characteristics of the current and projected HIV disease in North Dakota, please identify yourself as follows:

Gender

- Male  
 Female

Race

- Native American  
 Black  
 Asian  
 White  
 Other \_\_\_\_\_

Ethnicity

- Hispanic  
 Not Hispanic

Age \_\_\_\_\_

2. Please indicate if any of the following groups apply to you. Check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Person living with HIV or AIDS (PLWH/A)        | <input type="checkbox"/> Affected by HIV through loss       |
| <input type="checkbox"/> Family member of PLWH/A                        | <input type="checkbox"/> HIV prevention worker              |
| <input type="checkbox"/> Gay/lesbian/bisexual/transgender               | <input type="checkbox"/> Work(ed) with injecting drug users |
| <input type="checkbox"/> Current/former injecting drug user             | <input type="checkbox"/> Healthcare professional            |
| <input type="checkbox"/> Current/former alcohol and/or substance abuser |   |
| <input type="checkbox"/> Current/former youth at risk                   |   |

3. Please indicate if you are, or have been a member of one of the following groups. Check all that apply.

- |   |   |
|---|---|
| <input type="checkbox"/> Sex worker/sold sex            | <input type="checkbox"/> Homeless                     |
| <input type="checkbox"/> Partner of PLWH/A              | <input type="checkbox"/> Institutionalized            |
| <input type="checkbox"/> Partner of Injecting drug user | <input type="checkbox"/> Migrant/seasonal farm worker |

