

Membership Application/Registration—2011 *(Please print clearly)*

Name _____

Address _____ Apt _____

City _____ St _____ Zip _____

Phone: hm _____ cell _____

Email: _____

- I would like to receive all mailings.
- I would like to receive all mailings except the newsletter.
 - (please send via email)
- This is my correct address.
- This is my new address.
- Please remove me from your mailing lists.

I have read and understand the confidentiality pledge and agree to abide by it. I also agree to abide by the MCATF By-laws and Code of Contact. I will be furnished a copy of those documents on request.

Signature _____

Date _____

- I am a current member, please keep me on your mailing list
- I am renewing my membership (\$20 dues enclosed)
- I am a new member (\$20 dues enclosed)
- I am enclosing an additional gift of:
\$ _____
- Please keep my donation anonymous.

CONFIDENTIALLY PLEDGE: As a condition of my membership with MCATF, I pledge to abide by any request for anonymity and to maintain confidentiality of all information regarding any client or individual which may become known to me in the course of my association with MCATF. Further, I will not discuss with any other members of the organization information regarding any client or individual without the explicit consent of that client or individual, and then only within the context of his/her association with MCATF.

FOR OFFICE USE:

Cash Check # _____ Waiver

DB entry by _____

Date _____



McLean County AIDS Task Force

313 North Main Street, Bloomington, IL 61701 309-827-2437 www.mcatf.org

Dear Friends,

Over the past couple of years MCATF has struggled to continue providing our services since losing our IDPH funding. In another effort to keep our overhead expenses down we are updating our mailing list to lower our printing and mailing costs. We are also planning to send an email version of the newsletter. We are asking that you send back the form above with your correct mailing address and your email address. We also would like to know if you would prefer a printed version of the newsletter or to receive it in an electronic form. (We also hope to have it available on our new website very soon.)

The McLean County AIDS Task Force is an all volunteer non-profit organization that depends on the talents and energies and financial support of its members. Our 501c(3) status is provided through Illinois Prairie Community Foundation. In addition to updating our lists we are asking all current, previous and new members to contribute their dues to help with our costs. We only ask for each member to send \$20 to help keep our agency open. *(However, no persons will be denied membership on the basis of their inability to pay dues.)* Membership extends from January 1 through December 31. We ask that you renew your membership, pay the dues and sign the confidentiality pledge annually. Please complete the above form and mail to us at the above address. Also, please feel free to contact us either by mail, email or phone with any questions or comments.

Thank you for all your support, MCATF Board of Directors