

Mississippi HIV Planning Council (MHPC) Membership Application Form

All information provided on this application will be kept **CONFIDENTIAL**.



In order to bring the experience and expertise of the HIV service system in the state, you as an individual stakeholder or your organization are invited to submit an application to the MS State Department of Health for consideration. If selected, your appointment on the Council will be for 2 years running. All Council members and/or their assigned proxy (substitute) are required to attend all the Council meetings. There is no financial compensation for service on this Council. However, reimbursement can be requested for any approved travel associated with Council activity.

Please complete the form below and return to: Mississippi State Department of Health, Bureau of STD/HIV, Care and Services Division, ATTN: LaTasha Watson, P.O. Box 1700, Jackson, Mississippi 39215-1700 or email to latasha.watson@msdh.ms.gov.

TYPE OF MEMBERSHIP DESIRED:

Date: _____

- Individual stakeholder
- Organization (providing care and services to people living with HIV/AIDS)
Organization name _____

Name: _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender <input type="checkbox"/> Other	Age: <input type="checkbox"/> 16-19 <input type="checkbox"/> 40-49 <input type="checkbox"/> 20-29 <input type="checkbox"/> 50-59 <input type="checkbox"/> 30-39 <input type="checkbox"/> 60+
Address: _____ Post Office Box/Number and Street _____ City, State and Zip		

Email Address: _____

Telephone Numbers: Home: (_____) _____ Work: (_____) _____ Cell: (_____) _____

Education: _____ **Have own transportation:** Yes No

Sexual Orientation: <input type="checkbox"/> Heterosexual (men to women or women to men) <input type="checkbox"/> MSM (man who has sex with men) <input type="checkbox"/> WSW (woman who has sex with women) <input type="checkbox"/> Man who has sex with women or men <input type="checkbox"/> Woman who has sex with men or women	Race/Ethnicity: <input type="checkbox"/> Asian <input type="checkbox"/> Black/ African American <input type="checkbox"/> Hispanic <input type="checkbox"/> Other Specify: _____ <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Native American/Alaskan Native
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Disclosure of HIV status is absolutely not required for consideration for membership to MHPC.

Optional: I choose not to disclose my status Positive Negative Do not know

List any at-risk groups with whom the nominee identifies (i.e., Heterosexual, MSM, WSW, or Bisexual, etc): _____

List the populations or groups the nominee will be able to impact as an MHPC member: _____

List all civic and social group affiliations: _____

Please attach other pertinent information as to why the nominee should be selected to serve on the MHPC.

Membership Committee Use Only
Date Reviewed: _____ Committee Action: <input type="checkbox"/> Approved <input type="checkbox"/> Not Approved <input type="checkbox"/> Need additional information