

**AIDS Research Alliance**

**Community Advisory Board  
Membership Application**

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name: \_\_\_\_\_  
(FIRST) (MIDDLE INITIAL OPTIONAL) (LAST)

Agency Affiliation: \_\_\_\_\_  
(NOT REQUIRED)

Mailing Address: \_\_\_\_\_  
STREET ADDRESS  
\_\_\_\_\_  
CITY STATE ZIP CODE

Phone: (\_\_\_\_) \_\_\_\_\_ Fax:  
(\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Please describe your involvement (volunteer or paid) in the area of HIV/AIDS:

Please describe any involvement you have had with community advisory boards:

Please describe your interest in HIV/AIDS clinical research:

As a member of the AIDS Research Alliance Community Advisory Board, what would you contribute to the process?

As a member of the AIDS Research Alliance Community Advisory Board, what would you hope to gain by participating?

## AIDS Research Alliance

Please provide one personal reference:

Name: \_\_\_\_\_  
(FIRST) (LAST)

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: \_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

Years known: \_\_\_\_\_

Please return this Membership Application to:

Ava Lena Waldman, MHS  
Director of Community Education & Outreach  
AIDS Research Alliance  
621-A North San Vicente Blvd.  
West Hollywood, CA 90069  
Fax: 310-360-3876