



QPP Membership Application Form

Thank you for applying for QPP membership. Your application must be proposed and signed by a current member of QPP (the **Proposer**) and seconded and signed by another current member of QPP (the **Second**). Please **PRINT** in **BLOCK LETTERS**.

Name of **APPLICANT**: _____

Address: _____

_____ Postcode: _____

Phone (h): _____ Mobile: _____

Phone (w): _____ Email: _____

Date: _____ Signature: _____

I wish to receive mail/publications: YES NO

CLASS OF MEMBERSHIP APPLIED FOR:

ORDINARY

ASSOCIATE

CORPORATE

In accordance with QPP's Constitution, any person who verifies their HIV positive status can apply to be admitted as an ordinary member. **Only ordinary members are entitled to vote.** If you are applying for ordinary membership, you **MUST COMPLETE THE VERIFICATION OF STATUS ON THE REVERSE OF THIS APPLICATION.** Other classes of membership are **not** entitled to vote.

Name of **PROPOSER**: _____
(must be a current member of QPP Inc.)

Date: _____ Signature: _____

Name of **SECONDER**: _____
(must be a current member of QPP Inc.)

Date: _____ Signature: _____

Please note: All new Membership Applications received must be formally endorsed by the Queensland Positive People Incorporated Board of Directors.

For further information, please contact the QPP Statewide office on 07 3013 5555.

Thank you for your support of Queensland Positive People Inc.

Please return completed form to:

**QPP Incorporated Membership
REPLY PAID 7403
EAST BRISBANE QLD 4169**



CONFIDENTIAL

VERIFICATION OF STATUS

Verification of HIV+ status by a GP or a HIV specialist / HIV service provider is essential for any person applying for ordinary class of membership of QPP.

ONLY ORDINARY CLASS OF QPP MEMBERSHIP IS ENTITLED TO VOTE.

I,.....
(name of GP or HIV specialist / HIV service provider)

- General Practitioner
- HIV specialist / HIV service provider

certify that the applicant

.....
(name of person applying for ordinary membership of QPP)

is known to me to be HIV+.

Signature:
(signature of GP or HIV Specialist)

Date:

Please place practitioner stamp over signature