



MEMBERSHIP FORM (Please print)

Mail to: LAAN
P.O. Box 445
Port Barre, LA. 70577

DATE: _____

NAME: _____
(First) (Middle Initial) (Last)

ADDRESS: _____
(Street or PO Box) (City) (State)

PHONE NUMBER: _____

EMAIL ADDRESS: _____

PREFERRED METHOD OF CONTACT: (Check one)
 Mail Email Phone

AGE (Optional) (Check one)
 13-19 20-29 30-39 40-49
 50-59 60 and older

RACE/ETHNIC
 African American/Black
 Caucasian/White
 Asian
 Hispanic/Latino
 American Indian/Alaskan Native
 Other _____

GENDER IDENTITY:
 Heterosexual Male Female
 Transgender Female to Male Male to Female
 Bisexual Lesbian Male to Male

HIV STATUS – Optional
 HIV Negative
 HIV Positive
 Not Sure
 Decline to Answer

WOULD YOU LIKE TO RECEIVE UPDATES AND INFORMATION FROM LAAN?
 Yes No

- Individual: \$10.00
- Non-profit: \$250.00
- Corporate: \$500.00

Please make checks payable to: Louisiana AIDS Advocacy Network Inc.