

APPLICATION FOR MEMBERSHIP**CUMBERLAND CO. HIV TASK FORCE, INC.**

Post Office Box 1764

Fayetteville, North Carolina 28302-1764

CumberlandCountyHIVTaskForce@gmail.com

First Name	Middle Initial	Last Name	Email address
Address (street and Name)	City		County
State	Zip Code	Phone #1 & #2	

Referral Source

Please indicate your referral source: _____

Special training and relevant seminars you have completed:

Place of Employment (optional):

Skills (Please identify skills experiences, etc., which you have:

Please List References:

- 1.
- 2.
- 3.

I certify that I have given true, accurate, and complete information of this form to the best of my knowledge.

I also pledged to serve as a volunteer to carry out the mission of Cumberland County HIV Task Force, Inc.

Signature_____
Date