

# NVH Consortium

c/o NVRC•3040 Williams Drive Suite 200•Fairfax, VA 22031•703-642-0700•fax 703-642-5077  
email: reception@novaregion.org

## Membership Form

I want to become a member of the NVH Consortium.

- *If you are joining as an individual, list your Name and leave the Organization line blank.*
- *If you represent an organization, list your Name and the Organization's name.*
- *If you want the membership to belong to the organization without designating a particular staff person, write "Executive Director or his/her Designee" under Name, and your agency's name under Organization.*

### Contact Information:

Name: \_\_\_\_\_

Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ St \_\_\_\_\_ ZIP \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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

### As a Consortium Member, I agree to:

1. Learn the Consortium's mission, purpose, programs and services and work to promote the Consortium.
2. Work to attract new members who will work for the Consortium and match the diversity of the community affected by HIV/AIDS.
3. Do the work expected of members, undertake special assignments and consider serving in leadership positions.
4. Urge those with grievances to follow established procedures for their resolution.
5. Stay informed and follow the trends in the HIV/AIDS epidemic.

**For my role in Consortium and Consortium Committee meetings, I agree to:**

1. Prepare for and participate in Consortium and Consortium Committee meetings.
2. Ask timely and appropriate questions at meetings that follow my conscience and views, while supporting the majority decision on issues the Consortium decides by vote.
3. Maintain the confidentiality of members' HIV status.
4. Suggest agenda items for Consortium and committee meetings, from time to time, to ensure that important matters are addressed.

**To Protect the Consortium from Conflicts of Interest, I agree to:**

1. Serve the HIV/AIDS community as a whole rather than advocating views that only serve a special interest group, a particular service provider or myself.
2. Maintain independence, objectivity and a sense of fairness.
3. Avoid even the appearance of favoritism that might embarrass the Consortium and weaken the funds allocation process.
4. Never accept favors or gifts from anyone receiving Ryan White funds or doing business with the Consortium.

**To safeguard funds under the Consortium's control, I agree to:**

1. Consider carefully the Consortium's decisions regarding allocation of CARE Act funds. I understand that for funding to continue to be available, decisions about how to spend these public funds must be made in fair, impartial and informed ways.
2. Thoughtfully read and understand the Consortium's budgets, expenditure reports and similar documents.

I/my organization agree(s) to the aforementioned duties of membership and agree(s) to abide by the Consortium's bylaws.

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Signature

Date

Please return this form to NVRC, Attn: Receptionist, at the above address.