

## **NETWORK MEMBER REGISTRATION: INSTRUCTIONS**

The Network. The Central New York HIV Care Network is a program of the Central New York Health Systems Agency, Inc. under a contract from the New York State Department of Health AIDS Institute. It provides information on HIV/AIDS epidemiology, services, training opportunities, planning and needs assessment, resource development priorities, and opportunities for collaboration among service providers, consumers and volunteers.

Network Member and Steering Committee Meetings. Network membership is open to Central New Yorkers personally or professionally interested in HIV/AIDS. The Steering Committee is a smaller body elected by the Membership to oversee operational aspects of the Network. Meetings of the Network Membership are held every other month; the Steering Committee meets in intervening months to monitor progress, work on oversight issues, and plan future activities. Meeting dates are listed in the annual Network Calendar.

How to Become/Remain a Network Member. You can join the Network by completing and submitting the Registration Form by fax (472-8033) or mail to the Central New York HIV Care Network at its office at CNYHSA, Inc., 5700 Commons Park Drive, East Syracuse, New York 13057. Once registered, you will remain a Network Member until you resign, leave the region, or can no longer be reached at the address of record. Be sure to notify the Network of any changes in your contact information so we can keep you informed of meetings and other Network activity.

Rapid Communications. We use e-mail contact lists to communicate quickly or to distribute time-bound information. Be sure to include your e-mail address on your Registration Form if you have one.

Participation in Network Committees. With the exception of the Consumer Advisory Committee (CAC), all meetings of the Network and its committees are open to anyone interested in attending. CAC restricts membership to those who are HIV-positive to ensure that newcomers can participate confidentially. All other meetings are open to everyone. We strongly urge those interested in any aspect of the Network to join the Network officially; this helps us document the scope and diversity of Network participation. If you prefer not to answer demographic questions on the Registration Form, that is your right.

Documenting Network Participation. Beginning in 2007 we have added a Participation Profile sheet to be completed by each participant at each meeting. This logs basic demographic information anonymously to enable us to track the diversity of involvement in the Network's various bodies and to develop strategies to broaden community representation when that is needed.

Network Meetings and Special Events. The annual Network Calendar provides dates and times for meetings of the Network Membership, Steering Committee, and working committees -- as well as special events and observances conducted throughout the year. The calendar is revised periodically as new events are developed or as it becomes necessary to change dates or times of meetings and events.

HIV Confidentiality. The Network observes provisions of Article 27-F, the New York State HIV Confidentiality Law. This means that protected information regarding any individual's HIV status disclosed in meetings of the Network cannot be re-disclosed in other settings. HIV-positive individuals, however, are free to disclose or to withhold their status information any time they wish.

For Additional Information. Contact Stephen Waldron, Network Coordinator, or Paul Carr, Program Specialist, at (315) 472- 8099, or visit us on the web at [www.cnyhsa.com](http://www.cnyhsa.com).

***PLEASE PROCEED TO THE REVERSE SIDE TO COMPLETE YOUR REGISTRATION***

# CENTRAL NEW YORK HIV CARE NETWORK

A Program of Central New York Health Systems Agency, Inc.

5700 Commons Park Drive East Syracuse, New York 13057  
Phone: (315) 472-8099 FAX: (315) 472-8033

## NETWORK MEMBER REGISTRATION FORM

NAME [please print] \_\_\_\_\_

AGENCY \_\_\_\_\_

JOB TITLE (if using business address) \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_ APT. # \_\_\_\_\_

CITY \_\_\_\_\_, New York Zip Code \_\_\_\_\_

COUNTY YOU LIVE IN \_\_\_\_\_ COUNTY YOU WORK IN \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ E-Mail \_\_\_\_\_

DATE \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Please check all of the following that apply to you:

Female  Male  Transgender

Employee/volunteer with an HIV/AIDS service provider

Employee/volunteer with a non HIV/AIDS-specific health/human service provider

Member/representative of the business community

Employee/volunteer/representative of a faith community

Elected Official

White  African-American  Hispanic  Asian/Pacific Islander

Native American  Other/Multiple

Age 0 - 24  Age 25 - 49  Age 50+

*ORIENTATION: Please check here if you would like to meet with the Network Coordinator or Program Specialist for a Network orientation.*

*ADVOCACY: Please check here if you are interested in calling, writing, e-mailing elected officials to advocate on behalf of HIV/AIDS policy development and funding support. We will add your name to our Community Awareness e-mail list so you can receive updates, action alerts and other messages relating to our advocacy function.*