

NHCPC Non-Voting Member Member of Standing Committee Application for Membership

Name:	
Address:	
City:	Zip:
Employer:	
The above mailing address is my	Home:
	Office:

Day Phone:
Home Phone:
Fax:
Email:

*I would like to join the following committee:
(Please rank your preferences from 1 to 6, with 1 being your first choice)*

_____ <i>Assessment and Evaluation</i>	_____ <i>Intervention</i>
_____ <i>CARE Services</i>	_____ <i>Membership</i>
_____ <i>Co-Infection</i>	_____ <i>Public Information</i>

I am interested in becoming a non-voting member of the NHCPC because:

I have been involved with HIV/AIDS issues in the following areas:

Signature:

Date:

PLEASE SEND BY MAIL TO:

**Nancy Jo Hansen
NE Department of Health and Human Services
HIV Prevention Program
PO Box 95026
Lincoln NE 68509-5044**

**OR SAVE AND E-MAIL AS AN
ATTACHMENT TO:**

Nancyjo.hansen@nebraska.gov