

BEYOND AIDS MEMBERSHIP/RENEWAL AND DONATION FORM

This form may be completed online or manually, then must be printed and mailed. See below for details.

Name: _____ Title/Degree: _____ Date: _____
Street: _____ Apt. or Suite #: _____
City: _____ State/Country: _____ Zip Code: _____
Please indicate whether this preferred address is Residence Work

E-mail (important for communication):

Telephone: Work: () Residence: ()
 Mobile: () Fax: ()

Work title/profession and employer:

Academic or organizational affiliations:

- I want to **join** / **renew membership in Beyond AIDS** and am submitting my dues (paid to Beyond AIDS, Inc.) of _____
 \$50 regular \$25 student \$75 for two in same household Other amount: _____
(list both names above)
- I am currently exempt from dues (intern/fellow, recently joined/renewed, or special waiver)
- Please accept my additional donation of \$_____ as a non-deductible contribution to Beyond AIDS, Inc. to improve public health laws and regulations.
- I wish to make a special **tax-deductible** contribution for education and research activities to the **Beyond AIDS Foundation** of \$_____. (Tax-deductible 501(c)3; EIN #54-2017450)
- Retain me on your e-mail list only, as a non-voting Associate. I am making a voluntary non-deductible contribution to Beyond AIDS, Inc. of \$_____ .
- Areas of special interest:
- | | |
|--|--|
| <input type="checkbox"/> Scientific Issues | <input type="checkbox"/> Public Policy and Legislation |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Organization/Bylaws |
| <input type="checkbox"/> Secretarial | <input type="checkbox"/> Web Site Assistance |
| <input type="checkbox"/> Other (describe): _____ | |

Payment Method:

- Checks: Separate checks to “Beyond AIDS, Inc.” (for dues and unrestricted contributions that may be used for political action), and to “Beyond AIDS Foundation” (for tax-deductible restricted donations), are appreciated. (Money orders: use same instructions as for checks)
- Online payments to the two accounts through PayPal: <http://www.beyondaids.org/donate.html>

Please:

- 1) **Either print the form to complete manually, or complete online and then print.**
- 2) **Write separate checks to Beyond AIDS, Inc. and Beyond AIDS Foundation.**
- 3) **Enclose this form with your checks (unless payments made online) and mail to Beyond AIDS, Inland Regional Office, 404 New York St. #7718, Redlands, CA 92373.**