

Canadian Working Group on HIV and Rehabilitation (CWGHR)
Organizational Representative Certification



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To apply for membership as an official organizational representative, please have an official contact person for the organization complete the following (please type or print clearly), and attach it to your application for membership:

| | | |
|-----------------------------|-------------------|----------|
| Organization: | | |
| Official Contact Person: | | |
| Position / role: | | |
| Organizational Information: | | |
| Address: | | |
| Street, Suite/ Apt | | City |
| Province / State | Postal / ZIP Code | Country |
| Telephone: | day: | evening: |
| Fax: | email: | |
| Representative's Name: | | |
| Telephone: | day: | evening: |
| Fax: | email: | |

I certify that the information on the attached Membership Application is accurate and that the individual named on this Certification is authorized to act as the official representative to CWGHR on behalf of our organization.

Signed:

Date:

Signature of Official Contact Person