



Membership Application

The overall mission of the New Mexico CPAG is to develop a comprehensive plan for HIV prevention and services in the State of New Mexico. This process will promote health and prevent HIV and other diseases by facilitating collaboration among New Mexico’s diverse communities and empowering its people through advocacy, respect, dignity, compassion social justice, and commitment to the process.

If you have questions about this application, please call Andrew Gans at 505-476-3624

General Information

Name: _____ Pronouns: _____

Address: _____ City and Zip Code: _____

E-mail: _____ Day Phone (include area code): _____

Agency or Affiliation (if any): _____

Region: Please check one. (*If you are part of Southwest Indigenous Initiative, please check Southwest Indigenous Initiative and one other)

- Southwest Indigenous Initiative (American Indian) Metro -Region 3 (Bernalillo County / Albuquerque)
- Northwest – Region 1 (Gallup/Farmington) Southeast – Region 4 (Roswell)
- Northeast – Region 2 (Santa Fe) Southwest – Region 5 (Las Cruces)

Why would you like to be member of the New Mexico HIV Community Planning and Action Group (CPAG)? If nominated as a member what skills and experience do you have that would benefit CPAG?

Indicate which categories you have experience and can represent as a member of CPAG? (Check all that apply)

- HIV Service Provider
 - Prevention Care Other: _____
- Other Service Provider (Primary Care, Mental Health, Hepatitis, Social Service, etc....)
 - Prevention Care Other: _____
- Consumer (Person Living with HIV/AIDS)
- Community Member
 - Faith Community Family/Friend of Consumer Other: _____

How did you hear about CPAG? _____



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Demographics:

Age: _____

Do you consider yourself Hispanic/Latino? Yes No

What race do you consider yourself? (check all that apply)

- Asian
- Black/African-American
- Native American/Alaska Native
Tribal affiliation _____
- Pacific Islander/ Native Hawaiian
- White/Caucasian
- Other _____

What was your assigned sex at birth?

- Male
- Female

What is your current gender identity?

- Male
- Female
- Transgender MTF
- Transgender FTM
- Transgender Unspecified
- Other _____

What is your sexual orientation?

- Straight
- Gay
- Lesbian
- Bisexual
- Other _____

Which groups do you personally identify with? (Check all that apply)

- Person living with HIV
- MSM
- MSM/IDU
- IDU or history of IDU
- Transgender
- Sex worker
- Youth at Risk (under age 25)
- Other _____

Please return the application to:
 Andrew Gans
 New Mexico Department of Health
 HIV Prevention Program
 1190 S. St. Francis Drive. S 1302
 Santa Fe, NM 87502
Andrew.Gans@state.nm.us
 Fax: 505-827-2862