



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: _____

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 Region 7, please check Region 7 and one other)

- Region 7* (American Indian)
- Metro -Region 3 (Bernalillo County / Albuquerque)
- Northwest – Region 1 (Gallup/Farmington)
- Southeast – Region 4 (Roswell/Carlsbad)
- Northeast – Region 2 (Santa Fe/Los Alamos)
- Southwest – Region 5 (Las Cruces/Socorro)

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)

- | | |
|--|--|
| <input type="checkbox"/> Asian | <input type="checkbox"/> Pacific Islander/ Native Hawaiian |
| <input type="checkbox"/> Black/African-American | <input type="checkbox"/> White/Caucasian |
| <input type="checkbox"/> Native American/Alaska Native
Tribal affiliation _____ | <input type="checkbox"/> Other _____ |

What was your assigned sex at birth?

- | | |
|-------------------------------|---------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female |
|-------------------------------|---------------------------------|

What is your current gender identity?

- | | |
|--|--|
| <input type="checkbox"/> Male | <input type="checkbox"/> Transgender FTM |
| <input type="checkbox"/> Female | <input type="checkbox"/> Transgender Unspecified |
| <input type="checkbox"/> Transgender MTF | <input type="checkbox"/> Other _____ |

What is your sexual orientation?

- | | |
|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Straight | <input type="checkbox"/> Bisexual |
| <input type="checkbox"/> Gay | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Lesbian | |

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

- | | |
|---|---|
| <input type="checkbox"/> Person living with HIV | <input type="checkbox"/> Transgender |
| <input type="checkbox"/> MSM | <input type="checkbox"/> Sex worker |
| <input type="checkbox"/> MSM/IDU | <input type="checkbox"/> Youth at Risk (under age 25) |
| <input type="checkbox"/> IDU or history of IDU | <input type="checkbox"/> Other _____ |

Please return the application to:

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Health HIV Prevention Program
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Santa Fe, NM 87502
Andrew.Gans@state.nm.us
505-476-3624

<http://www.nmcpag.org>