



Application for PWA's Friends For Life Bike Rally 20th Anniversary Working Group

Full name:			
Address: Postal Code:			
Daytime Phone #: () Evening #: ()			
Permission to leave voicemail message:			
Permission to disclose PWA's name in voicemail message: Yes No			
We'd like to know how you identify so we can best represent the diverse communities living with HIV. I identify as: Female Gender Queer Male Transfemale Transmale Two Spirited None of the above: Bisexual Gay Lesbian Queer Straight Two Spirited None of the above: African Asian Caribbean Eastern European Hispanic Indigenous Middle Eastern South Asian Southeast Asian Western European None of the above: I am: 29 years old or younger between 30 and 54 years old 55 years old or older * If you are under the age of 16, permission from a parent or guardian is required.			
Please tell us why you would like to join the Bike Rally 20 th Anniversary Working Group?			
Please tell us about your knowledge of and involvement with PWA?			

Please desc	ribe your connection to the Bike Rally.		
- lea - lea - lea	our leadership experience, including your: Idership involvement (on other boards/other advisory committees), Idership positions with other organizations (voluntary and staff), and/or Idership training (ETSN Peer Treatment Counsellor, PHA Legacy program, Positive Lead Idership training (ETSN Peer Treatment Counsellor).	ershi	ip
	ition supplied in this application is treated confidentially and will only be used process of 30 th Anniversary Steering Committee members.	d in	the
Your Signat	ure: Today's Date:		

Please return your completed application to Bike Rally Executive at the PWA office or through email: executive@bikerally.org or fax: (416) 506-1404