

**Service Providers Council
2010 Membership Application**

1. Agency Name _____

Address _____

Phone _____

Fax _____

Website _____

2. Primary Contact Name _____

Contact information (if different than above)

Address _____
Phone _____
Fax _____

E-mail _____

Committee Selection (Advocacy, Case Management, Faith Responds to AIDS, HIV & Aging, Housing, Prevention, Primary Medical Care)

3. Other Contact Name _____

(There is no limit to the number of individuals who may participate in SPC committees once the agency is a member. Please feel free to copy this sheet if necessary).

Contact information (if different than above)

Address _____
Phone _____
Fax _____

E-mail _____

Please return this membership form with \$35.00 annual dues check made out to the AIDS Foundation of Chicago to the attention of Melissa Janiszewski, Service Providers Council, AIDS Foundation of Chicago, 200 W. Jackson Blvd. Suite:2200, Chicago, IL 60606. Thank you!