



FAPP ORGANIZATIONAL MEMBERSHIP FORM

Return to: mweir@NASTAD.org

Organizational Name: _____

Address: _____

Phone: _____

Website: _____

Sponsored by which two current FAPP member organizations:

- _____
- _____

Organizational Contacts:

| Name | Title | Phone | Email |
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To be added to a FAPP Affiliated Workgroup listserv, please let us know when you return the form. If you are interested in joining a work group without becoming a FAPP member, please email Mike Weir (mweir@NASTAD.org).

- **Aging**
- **AIDS Budget and Appropriations Coalition (ABAC)**
- **COVID-19**
- **HIV Health Care Access Work Group (HHCAG)**
- **HIV Prevention Action Committee (HPAC)**
- **Structural Interventions**
- **Research**
- **Ryan White Work Group**