

BEYOND AIDS MEMBERSHIP/RENEWAL AND DONATION FORM

This form may be completed online or manually, then must be printed and mailed. See below for details.

Name: Title/Degree: Date:

Street: Apt. or Suite #:

City: State/Country: Zip Code:

Please indicate whether this preferred address is Residence Work

E-mail (important for communication):

Telephone: Work: () Residence: ()

Mobile: () Fax: ()

- I want to **join** / **renew membership in Beyond AIDS** and am submitting my dues (paid to Beyond AIDS, Inc.) of
- \$50 regular \$25 student \$75 for two in same household Other amount: _____
(list both names above)
- I am currently exempt from dues (intern/fellow, recently joined/renewed, or special waiver)
- Please accept my additional donation of \$_____ as a non-deductible contribution to Beyond AIDS, Inc. to improve public health laws and regulations.
- I wish to make a special **tax-deductible** contribution for education and research activities to the **Beyond AIDS Foundation** of \$_____. (Tax-deductible 501(c)3; EIN #54-2017450)
- Retain me on your e-mail list only, as a non-voting Associate. I am making a voluntary non-deductible contribution to Beyond AIDS, Inc. of \$_____ .
- Areas of special interest:
- | | |
|--|--|
| <input type="checkbox"/> Scientific Issues | <input type="checkbox"/> Public Policy and Legislation |
| <input type="checkbox"/> Communications | <input type="checkbox"/> Organization/Bylaws |
| <input type="checkbox"/> Secretarial | <input type="checkbox"/> Web Site Assistance |
| <input type="checkbox"/> Other (describe): _____ | |

Payment Method:

- Online payment: Go to www.beyondaids.org/donate.html and click on the appropriate separate buttons to donate both to Beyond AIDS, Inc. and to Beyond AIDS Foundation, by secure credit card payment (through PayPal), or from your PayPal account.
- Checks: Separate checks to "Beyond AIDS, Inc." (for dues and unrestricted contributions that may be used for political action), and to "Beyond AIDS Foundation" (for tax-deductible restricted donations), are appreciated.
- Money order (use same instructions as for checks)

Please:

- 1) Either print the form to complete manually, or complete online and then print.**
- 2) Write separate checks to Beyond AIDS, Inc. and Beyond AIDS Foundation; or pay online to each account at www.beyondaids.org/donate.html as above, and so indicate on the form.**
- 3) Enclose completed form with your checks and mail to Beyond AIDS, 611 Pennsylvania Ave. #1600, Washington, DC 22203-1600**