



SOUTHERN AIDS COALITION, INC

Membership Form

Yes — Please accept my membership to the Southern AIDS Coalition! I have completed the form below and enclosed my check payable to Southern AIDS Coalition. THANK YOU!

Please check 1 box from line 1. and 1 box from line 2 and all boxes that apply from line 3.

1. Category: State Government Community Corporate Advocate

2. Level: Member \$1-\$99 Supporter \$100-\$1,000
 Believer \$1,001 + Membership Fee Scholarship Request

3. Interest: SAC Member Mobilize support Educate elected officials
 Serve on a SAC Committee Sign me up to get text message alerts
 Statewide advocacy efforts

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: () _____ – _____ Cell: () _____ – _____

Email: _____

My check is enclosed. Please call 205-591-6888 if you prefer to use a credit card.

Send To:
Amy Bark
Southern AIDS Coalition, Inc
c/o Amy Bark
3521 7th Avenue South
Birmingham, AL 35222
membership@southernaidscoalition.org