

INERELA+ KENYA

International Network of Religious Leaders Living with or personally affected by HIV & AIDS

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Membership Application Form for INERELA+ and Friends of INERELA+

INERELA+KENYA
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All information on this form will be treated as highly confidential

Section A- To be filled in by every applicant

(PLEASE USE ONLY BLOCK CAPITAL LETTERS)

SURNAME										
FIRST NAME										
TITLE										
POSTAL ADDRESS		POST BOX			POSTAL CODE			TOWN		
COUNTRY		TEL No			MOBILE No			EMAIL		
GENDER		MALE				FEMALE				
MARITAL STATUS		MARRIED		SINGLE				WIDOWED		
		DIVORCED		PARTNERSHIP						
SPOUSE/PARTNERS NAME										
DATE OF BIRTH				PLACE OF BIRTH						
NATIONALITY										
IDENTITY No					PASSPORT No					
RELIGIOUS AFFILIATION					DENOMINATION					

Religious leadership position held	
Current responsibilities	
Theological qualification	
Name of immediate supervisor	

Section B - To be filled in by all HIV positive applicants

When did you test HIV+?				
Are you currently on ARV's?				
If so- which ones?				
If it were possible, would you require assistance for medical expenses?	NO		YES	
Why?				
Are you open about your HIV status?	NO		YES	

Section D- To be filled in by all who are personally affected

I have lost because of HIV	Parent		Child	
I am nursing	Spouse/ Partner		Sibling	
	Parent		Child	
	Spouse/ Partner		Sibling	

Any other comment				
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I have filled in all information to the best of my knowledge. And understand it to be true and correct. I understand that misrepresentation of information leads to automatic exclusion of membership.

SIGNED.....

Date.....