



Alaska Integrated HIV Advisory Group Membership Application

Questions and completed applications should be emailed to State of Alaska AIHAG representatives:

- Taylor Holsinger, HIV Prevention Coordinator, taylor.holsinger@alaska.gov
- Lisa Davis, HIV Care Coordinator, lisa.davis@alaska.gov
- Lauren Tullis, HIV Quality Improvement Coordinator, lauren.tullis@alaska.gov

Definitions:

Full Member: Appointed by a majority vote after the completion of an application process. Members have full voting rights, are subject to membership terms and attendance requirements, as outlined in the AIHAG Guidelines.

Associate Member: Appointed by the co-chairs after the completion of an application process. Associate members do not count toward the AIHAG membership numbers, have no voting rights, no attendance requirements, and no membership terms.

Confidentiality:

All information shared by applicants will be kept confidential. Completed applications are reviewed by the AIHAG Membership Committee, are stored only on State of Alaska devices, and will never be shared with the public.

Please review the AIHAG Membership Guidebook for further AIHAG charter information.

AIHAG Membership Application

Please type your responses or print clearly in ink. Circling with ink or highlighting response is acceptable.

APPLICANT INFORMATION

Name:

Home City and Zip Code:

Phone Number:

Email Address:

Membership Type:

- Full Member
- Associate Member

Why are you interested in joining AIHAG?

AGENCY INFORMATION (if applicable)

Current Employer/Agency:

Job Title or Description:

Agency Address:

Work Phone:

Work Email:

DEMOGRAPHIC INFORMATION

Gender:

- Female
- Male
- Transgender
- Other
- Decline to answer

Application Updated January 2023.

For assistance with this form please contact Taylor Holsinger at taylor.holsinger@alaska.gov

Age:

- <18 years
- 19-29
- 30-39
- 40-49
- 50-59
- 60+
- Decline to answer

Race/Ethnicity (highlight all that apply):

- African American/Black
- Alaska Native/American Indian
- Asian
- Hispanic/Latino
- Pacific Islander/Native Hawaiian
- White
- Other:
- Decline to answer

Experience (highlight all that apply):

- HIV Prevention and/or Care
- STD Prevention and/or Care
- HIV/STD Linkage to Care
- Public Health
- Prevention with PLWH
- Private Clinical Practice
- Harm Reduction
- Statistical Analysis
- Program Evaluation
- Epidemiology
- Needs Assessment
- Monitoring and Evaluation
- Grant Review
- Behavioral Health
- Substance Use Prevention
- Syringe Services
- Medication Assisted Treatment
- Unhoused Population
- LGBTQ+ Community
- Non-gay Identified MSM
- Sex Work
- Other:

Please summary your experiences as they relate to the mission of AIHAG:

REFERENCES

Please provide the name and contact information for one reference who either, A) recruited you to join AIHAG, B) were a previous AIHAG member, or C) can attest to any of the experience you listed above.

Name:

Relationship to You:

Phone/Email:

SIGNATURE

By signing below, you indicate you have read and agree to the conditions laid out in the AIHAG Membership Guidebook.

Name:

Date:

Signature: