

POSLINK

The Newsletter of People Living with HIV/AIDS Victoria Inc.



PLWHA Victoria Director Jeffrey Robertson carries the baton for the Commonwealth Games

Issue 28 April / May 2006

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So, how hard is it to QUIT?

Well, it's the last week of the QUIT IT! (FRESH START) course and the participants are all to be congratulated. While not everyone has quit smoking and begun to identify as non smokers (most have!), others have at least cut back their daily number of cigarettes dramatically.

It can be extremely difficult to quit smoking for a number of reasons. While this is going on most of the participants experience some degree of ambivalence around their smoking. "I need a cigarette", "Smoking is ruining my health" or "I need something to help me relax", "I should stop smoking". Acknowledging these thoughts is important and a vital part of quitting is challenging them. This is an early step in the process of quitting and by doing the course the participants have learned the necessary strategies required to deal with these thoughts.

One of the dilemmas for smokers who are thinking about doing a quit course is "Oh, am I meant to quit before I start the course?" Another is, "Will I be lectured and made to feel guilty if I haven't

quit yet". It's not a competition. While the course progresses with each session reflecting the step by step process towards quitting, the participants are encouraged to quit at their own pace. Some may quit before the course begins, some may quit at various stages during the course and some may not even quit till the end. That's ok. The main idea is for the group to support each other during this difficult period.

The participants have certainly valued being part of the group process. After the first couple of sessions and feeling quite anxious about the whole thing, the participants soon find out that everyone else in the group has similar experiences. It becomes such a relief that they can find empathy about their issues with smoking and quitting within the group.

PLWHA Victoria may be running this course again in future so if you smoke and have a desire to quit then give Suzy Malhotra a call on 9865 6756 so she can put your name down on the list for the next course.



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Note from the Executive Officer

Sonny Williams

As most members know PLWHA Victoria runs an Emergency and Distress Fund. The monies for this fund are donated to us and there is no consistency on the number of donations we receive. As is the case with most organisations that rely heavily on donations there is a process to be followed and it is timely to remind everyone the terms and conditions for accessing the fund. The fund provides an amount of \$50-00 only per year to members as follows:

- Funds are for financial emergencies and financial distress.
- Applications should generally be made to The David Williams Fund prior to requesting assistance from the PLWHA Victoria fund.
- Applicants should be a member of PLWHA Victoria and PLWHA Victoria members will have priority access to the fund over non members.
- Funds will be disbursed as a priority to members who are not eligible for funds from other organisations.
- The maximum amount per member per year is \$50.00.
- All funds provided require an application form being completed.
- Accounts/bills/quotes should be provided.
- Health Care/Pension Card must be provided.
- Dispersal of funds will be at the discretion of the PLWHA Victoria's Executive Officer, Executive Assistant or Board member.

On another note, at the office we receive a large number of phone calls on a daily basis. These calls are on the increase and in some cases callers have been rude and abusive to our staff. It is not acceptable that as staff we are expected to take abusive calls. At PLWHA Victoria we work to a code of conduct and are required to treat everyone in the same manner and we expect to be treated in the same way. However, should callers become abusive, they will be advised their call will be terminated and the staff member will terminate the call if the abuse continues.

It is a month of farewells, first to Alan Strum, PLWHA Victoria's Treatments Information Officer, who is moving on and taking up a position in the pharmaceutical industry. Later in the month the VAC/GMHC PLC HIV Services Manager Brent Allan will also be leaving. Dr Eric Glare BSc (Hons) PhD will be back filling in the Treatments role while we review the position and commence the recruitment process. Eric will be at the office three days per week and will be also be responsible for PosLink. Eric can be contacted initially on phone 9865 6772.



Note from the President

Greg Iverson

Well, what can I say?

For those that haven't heard already, it is with great sadness that I must inform the members that Alan Strum is leaving us as the PLWHA Victoria Treatment Information Officer.

Alan has been working for us for 3 years now and, as any of the membership that have had dealings with him know already, he has been a highly valued member of our team and it will be VERY difficult (if not near impossible) to replace all of the skills and knowledge that Alan has brought to our organisation.

He is going to be greatly missed.

Alan has performed a myriad of duties as part of his work with us, from the TIO role that he was originally employed for, through to the editorial responsibility for the production of Poslink, and even including a stint as the Acting Executive Officer.

I personally want to thank Alan in particular, for that period of time he spent acting in this role of the EO for 5 months. This was a difficult time for him, as he was also still responsible for his other duties and juggling this acting position. He handled all of this with great professionalism and care. He was a great support to me personally, as at that time, I was still very much finding my

feet as the new President. It was a big ask of us to get Alan to take on these extra duties, and he handled it all with his usual affability and good grace.

Alan is moving on to a much better paid position (his skill set alone holds a value that in reality, we could never, as a community group, have hoped to adequately compensate). Everyone in PLWHA Victoria wishes him the best of success in his future work and we hope that he remains in close contact with us in his new role.

I would also like to make mention of another person who is moving onto to 'greener pastures', Brent Allen; while Brent does not work for PLWHA Victoria, but for VAC/GMHC, from the day that Brent landed in his new role, he has been a great supporter of PLWHA Victoria. I met with Brent a few days after he had started as the VAC/GMHC HIV Services Manager; one of the aims that we both discovered that we had in common was to get the sector working better together. I would like to think that we had some success in this area, though I think that Brent would agree with me when I say that there is still some way to go in providing all the services that we feel that the PLWHAs of Victoria need and deserve.

Whats Up: News and Information

Developing Sustainable International Aid

In order to meet the financial needs of developing nations, a number of countries are now leading the way for methods of collecting sustainable funding that can be used for things like the continuous purchase of antiretroviral drugs. In July this year, France will commence a new tax on air travel with the money raised going towards development aid for low income countries. The President of France, Jaques Chirac, proposed the initial funds collected could be used by a new International Drug Purchase Fund to buy HIV antiviral drugs for developing nations. The tax levy will charge one euro on all domestic and European flights, four euro on long haul flights and 10 and 40 euro for business class and first class travellers on long haul flights. The UK has also announced they will introduce a similar plan in the UK that will provide funds from their

current air traveller's tax. Meanwhile, the USA has expressed opposition to the introduction on such a new tax. Some experts advise that introducing more travel taxes will reduce passenger numbers by 2.3% - 7.6% and that the sustainability of the income stream from such a tax is jeopardised by passenger numbers and the price of oil.

The UK is also considering a proposal for an International Finance Facility that will raise money through financial market bond issues to 'front load' development aid in order to reach financial targets for goals that have been put in place for 2015.

An alternative to airline travel taxes for raising revenue for the developing world is to introduce an international financial transaction tax of 0.005% on all international transactions that would raise between \$35 and \$40 billion US dollars per year.

Ethiopia steps up access to antiviral drugs

The number of people with HIV in Ethiopia is estimated to be 1.5 million. Using financial assistance from The Global Fund and the USA, the Ethiopian Ministry of Health will be providing free HIV drugs to 58,000 people by July this year and

plans to step this up to 100,000 by December 2006 and 200,000 by August 2007. The Government estimates they will need \$19 billion over the next decade to overcome HIV/AIDS in their country.

South Africa provides HIV training to Traditional Healers

In an attempt to break down barriers of distrust between traditional healers and western medicine, a hospital in Capetown has started to provide HIV/AIDS training to local Traditional Healers called sangomas. With four out of five South African's

seeing the sangomas for counselling and traditional healing, it is hoped that the HIV/AIDS training will help to decrease stigma around HIV and increase HIV testing.

Glaxo sets pace for counterfeit technology in HIV

With the World Health Organisation estimating that over 10% of the global medicines market is now supplied with counterfeit drugs, GlaxoSmithKline have introduced a new technology to electronically tag Trizivir bottles distributed in the USA. The tagging system is a tiny electronic chip that allows for radio frequency identification (RFID) of each bottle. This way suppliers and sellers will be able to tell whether or not they have purchased the genuine product from the company they purchased from which in this case is the HIV medication from GSK. While this is the first time RFID technology has been used in HIV medicine it has previously

been used for the tagging of Viagra and pain killer medications. *[Editor's note: One of the greatest barriers to the introduction of cheap generic HIV drugs to developing countries was the fear that these drugs would be sold back to the western world, thus undermining the income stream of pharmaceutical companies. This type of new technology will help to ensure that cheap drugs won't threaten pharmaceutical company incomes which will guarantee the development of new life saving medications. Each new drug costs around \$800 million US to bring to market.]*

Whats Up: News and Information

China detains HIV activists

With 650,000 living with HIV/AIDS in China the authorities have now started to target HIV advocates to prevent them from airing their grievances at the annual session of the National People's Congress. One HIV activist was reported missing just prior to

the Congress meeting who miraculously turned up a week later. And why would some of these people be so angry? Because 300,000 of them became infected with HIV in the mid 90s through the illegal sale of contaminated blood products.

So long and thanks for all the fish! Farewell from Alan

'Solong and thanks for all the fish!' is one of my favourite quotes from Hitch Hikers Guide to the Galaxy and I think this reflects a little of how I feel about leaving PLWHA Victoria. My relationship with the Board, co-workers and clients has always been one of mutual respect, love, friendship and support. My decision to resign from my current position as Treatments Officer is by no means based on dissatisfaction or unhappiness. In fact it is quite the opposite. Yes, I am leaving but I will always love what I have done in this job, providing treatments information and support to people who came to me for assistance. I love the science of HIV as you may have guessed by reading my articles or hearing me talk about HIV on the radio. I love writing Poslink. I love running Treatment Interactive events and chatting with everyone who attends. And I love representing the community on many different committees. But my time has come to move on from these loves and focus on my career in a different way which is why I have accepted a position with a pharmaceutical company. I don't believe I will ever leave this position behind me. And I will never forget the fabulous and courageous clients I have met over the years. Thank you for sharing your stories with me. I wish you all the



very best of health and happiness and hope that one day I may be able to return to work in this type of role again...doing what I love the most. So for now...so long and thanks for all the fish!

Introducing Gambler's Help

Gambler's Help held a stall at the recent Midsumma Carnival, talking to and surveying festival goers and giving away hundreds of freebies and information products. One of the people we got chatting to was Sonny Williams, Executive Officer, PLWHA Victoria. That led to an opportunity to contribute to Poslink, which we jumped at, and to this article introducing Gambler's Help services.

Perhaps "introduce" isn't quite the right term. Hopefully years of advertising campaigns and local community initiatives mean that the name¹ is at least familiar. What people understand by the name is another matter, so over the coming months we'll be aiming to reveal a bit more about ourselves and

priority gambling issues for Victoria.

In brief, there are two arms to Gambler's Help - Gambler's Helpline and Gambler's Help regional "face-to-face" services. Gambler's Helpline on 1800 156 789 is a freecall 24 hour, 7 day telephone service which provides counselling and referral. Regional services operate from over 100 sites around the state, offering gambling counselling, financial counselling and community education and development. All services are free of charge². Counselling and financial counselling services are confidential, provided by qualified professionals and available to partners and family members as well as to the people who are gambling. Also,

because we know that many people do not see counselling as the first step in regaining control over their gambling situation, self help resources are also available for the person gambling and for family and friends.

One of the main goals of Gambler's Help is to minimise gambling-related harm. Picture gambling participation and risk on a continuum, from non-gamblers and social gamblers through to people who are heading towards or actually experiencing problems. We all fit somewhere on the continuum and reducing harm is a good outcome for all stages. The role of Gambler's Help is to engage with people

right across the spectrum to reduce harm. Our stall at Midsumma is a case in point. Some people spoke about their own gambling difficulties, some about how they've been affected by someone else's gambling and others about their enjoyment of gambling as a recreational activity.

We look forward to presenting you with information on a range of topics. If you would like to suggest topics for discussion in future articles, let us know at poslinksuggestions@gamblershelp.org.au

1. Gambler's Help was originally known as "Break Even"
2. Gambler's Help is funded from the State Government Community Support Fund.

Speakers Bureau Coordinator returns to work

A combination of annual and extended sick leave resulted in me (Max) being off work for a considerable time. Returning to work in early March was a welcome change from the long recuperation period and I extend my thanks for the many messages of support received.

2005 speaking engagements

2005 speaking engagements were the highest in the history of the Bureau with a total of 131 talks delivered by 63 male speakers and 68 female speakers to an audience of over 3600 people. Congratulations to all the speakers who were able to participate - your ability to break down stereotypes and reduce discrimination continues to be outstanding.

Speakers Survey 2006

Members of the Bureau received the 2006 Speakers Survey in January. The survey results will allow the 2006 planning process to be better informed and we thank the speakers who took the time to

complete the survey. Our thanks to Eric Glare who volunteered to collate the data.

2006 plans

The Speakers Bureau will continue to build on the substantial progress from 2005 with many new ideas that will emphasise the importance of our speakers' stories, providing speakers to as many organisations as possible and delivering more training that will allow for each speaker's professional development.

For further information on the Speakers Bureau or to book a speaker, telephone Max Niggel on 9865 6771 or email speakersbureau@plwhavictoria.org.au.

The Speakers Bureau is sponsored by unrestricted educational grants from:

Abbott Virology
Merck Sharp & Dohme

Victorian Infectious Disease Service to be upgraded

The Royal Melbourne Hospital has commenced a \$1.7m upgrade of facilities for the Victorian Infectious Disease Service (VIDS). The VIDS ward, located at 9East, is undergoing a \$1.7m renovation to meet recently updated Australian Standards and become a state-of-the-art facility for the management of infectious diseases.

The ward will be temporarily closed during the renovations but there will be no interruption in services to patients who will be located elsewhere

in the hospital. Clinics will continue to operate from 9North.

Upon completion of the upgrade, which is expected before July, VIDS will return to 9East and begin to operate from the new state-of-the-art facility.

The Royal Melbourne Hospital remains committed to ensuring the very best services for the management of infectious diseases and to providing high quality, compassionate and holistic care for people living with HIV/AIDS.



Qualified sexual health nurses are now offering free and confidential sexual health testing and treatment at selected sex on site venues. Call 9347 0244 for details or visit our walk-in clinic in Carlton.

No appointment necessary. If you wish to be anonymous, you can - we don't ask for your Medicare Card.

Melbourne Sexual Health Centre
580 Swanston Street, Carlton
Telephone: (03) 9347 0244
Opening hours:
Monday - Thursday: 9.00am - 5.00pm
Friday: 1.10pm - 5.00pm

www.mshc.org.au

get wise

get screened

If you are a sexually active man who has sex with other men, it is recommended that you be screened for sexually transmissible infections every 3 to 4 months.

Additional clinics specialising in sexual health:

(Medicare card and ID cards are required. Some clinics may charge for services).

The Centre Clinic
Rear 77 Fitzroy Street
St Kilda
Ph: (03) 9525 5866

Carlton Clinic
88 Rathdowne Street
Carlton
Ph: (03) 9347 9422

Prahran Market Clinic
131 Commercial Road
South Yarra
Ph: (03) 9826 4500

Middle Park Clinic
41 Armstrong Street
Middle Park
Ph: (03) 9699 4626

NEW DATES NEW DATES NEW DATES NEW DATES

STRAIGHT ARROWS INC

Supporting heterosexual men and all women living with HIV/AIDS, their families and significant others.

7th-9th July @ Phillip Island Adventure Resort

- **4 and ½ Star resort**
- **Total cost \$30 all meals and activities**
- **Private room and en suite**
- **Heated pool and Ropes Course**
- **Men welcome**
- **Women welcome**
- **Partners welcome**
- **Individual workshops for men and women**
- **Individual workshop for couples**
- **Transport available**

Sounds too good to be true! Hurry and book now for a relaxing weekend away in beautiful Phillip Island.

Ph: 92763792

Email: sarrows@bigpond.net.au

Jeffrey Robertson Carries Commonwealth Games Queen's Baton

PLWHA Victoria and Straight Arrows Board member Jeffrey Robertson carried the baton along the streets of Carlton prior to the commencement of the Games. Jeffrey was proudly overcome with emotion on the day and still does not know who nominated him for this honour. PLWHA Victoria and Straight Arrows are proud of this significant recognition of his achievements.



PositiveWomen

Supporting Women Living with HIV/AIDS

There have been a few changes recently at Positive Women (Vic) Inc. Both Sarah Bearup (the Director) and Karen Allen (the Support Worker) have each gone on maternity leave, and I'm pleased to let everyone know both women have very recently given birth to beautiful babies. Sarah had a boy and Karen, a girl. Mums and babies are all doing well!

During the next six months, there are two new faces at Positive Women. We have a new acting Director, Dawn Wilckock, who has taken over from Sarah. And I've taken over from Karen as Support Worker. This is my 3rd week in....if you see me around the traps, please come and introduce yourself and say hi!

There is much on the agenda for Positive Women over the coming year. We are running a Memorial Art Project in early May, in which a group of positive women will participate in two art therapy workshops with Anne Riggs, an experienced artist who has worked extensively in assisting individuals to create artworks to express and explore feelings of grief, sorrow and loss. We are expecting it to be a rewarding experience for all involved.

I attended a Straight Arrows/Positive Women support lunch held at the PLC in early March. It was a lovely meal with great company, and everyone at the PLC made us feel very special and welcome. These are going to be held every 8 weeks at the PLC, with the next one taking place on May 2nd at 1pm.

I'm doing outreach at the PLC every 2nd Wednesday afternoon (April 12th, 26th, May 10th, 24th), and at the Melbourne Sexual Health Centre every 2nd Thursday afternoon (April 6th, 20th, May 4th, 18th).

If there are any specific topics relating to positive women you want to see addressed in Poslink, or any questions you have about our organisation, please contact me at the Positive Women office on 03 9276 6918.

Until next time....

Danielle

Can you spare a day a week to volunteer on an exciting garden project?

If so, we are looking for volunteers to help coordinate PLWHA Victoria's garden project, Positive Plots.

Positive Plots is an initiative to give HIV positive people the opportunity to form new social networks and pursue a hobby at no cost in a community garden setting. The garden plot is designed as a pirate ship and is located in St Kilda's famous Veg Out Community Garden. We are looking for volunteers with experience, interest or passion for all things green and who can spare a day a week overseeing the design and maintenance of the plot. Experience of working with volunteers is desirable but not essential, as is an understanding of how HIV can impact on people's health.

For more information contact Suzy on 03 9865 6756 or suzy.malhotra@plwhavictoria.org.au

CATHOLIC AIDS MINISTRY

Invites you to

A Weekend Retreat

An opportunity to come to a quiet, safe place and take time to stop and reflect.

Theme

My Time, Your Time, Our Time

Where: Holy Cross Monastery Templestowe

When: June Saturday 24th to Sunday 25th

Cost: \$50.00 waged OR \$25.00 unwaged

**As there are a limited number of places, it is important to RSVP by
2nd June to Catholic AIDS Ministry,
PO Box 171
Clifton Hill 3068**

**WHILST ALL CARE IS TAKEN, THE ORGANISING TEAM
WILL TAKE NO RESPONSIBILITY FOR
MEDICAL ATTENTION OVER THE WEEKEND.**



I would like to register for the Catholic AIDS Ministry Retreat.

NAME:.....

ADDRESS:.....

PHONE:.....

EMAIL:



Treatments update: Whats new, what's changed

Alan Strum and Dr Eric Glare PhD



Another treatment interruption arm stopped

Following the cessation of the SMART study, another study called DART has also had to stop its treatment interruption arm after there was more than a four-fold increase in the risk of developing an HIV-related illness. Most of the illnesses were treatable and did not require hospitalisation. The DART study (Development of Anti-Retroviral Therapy in Africa) had a continuous therapy arm compared with a treatment break arm where people were cycled on and off treatment each 12 weeks.

Boosted atazanavir as potent as Kaletra

The BMS 045 results published in *AIDS* in March shows that ritonavir boosted atazanavir is as effective at reducing viral loads and increasing CD4 cells as Kaletra at 96 weeks of treatment in 347 people. People taking atazanavir experienced less diarrhoea (3% vs 13%) and had a decrease in cholesterol and triglycerides from a baseline of 3% and 13% vs an increase for Kaletra of 9% and 30%. This resulted in less people on atazanavir requiring anti-diarrhoea treatment and fewer blood fat lowering drugs (6% vs 25% and 9% vs 20%). 53% of people taking atazanavir experienced moderate to severe increases in bilirubin which does not have any clinical significance other than some people may have developed jaundice or yellowing of the skin.

Many still gaining CD4 cells after seven years of treatment

Research presented at the recent Conference on Opportunistic Infections and Retroviruses (CROI) documented that CD4 counts are still increasing after seven years of treatment in patients whose CD4s were below 500 when they started therapy. In a study of 840 people who started treatment between 1997 and 1998 there was an average increase of 390 cells from a pre-therapy count of 260. Larger gains were associated with a lower pre-treatment CD4 cell count, higher pre-treatment viral load and continuous use of therapy. Another study of 262 patients who had been on treatment for five years showed that only the individuals that started treatment when their CD4 count was above 350 saw their CD4 count increase to normal levels. After 5 years of treatment, people that started with less than 200 CD4 cells increased to 423 on average, whilst those that started with 201-350

cells increased to 501 and for those that started treatment above 351 increased to 681 CD4 cells. They also documented that the closer the CD4 count achieved normal values the slower the gains in CD4 cells with continued treatment.

Proteins that protect cells from HIV infection

Researchers from Ohio State University have found that the naturally occurring proteins XPB and XPD that repair cellular genetic material are able to interrupt a vital step in the process of HIV infecting a cell. When HIV first infects a cell it needs to put copies of the HIV genetic material into the human DNA before it can start reading the genetic information to make more copies of HIV. HIV uses its own enzyme integrase to cut human DNA and then it uses human genetic repair enzymes to finish the insertion. The researchers found that cells with high levels of XPB and XPD had low levels of HIV inserted into DNA. These gene repair enzymes were found to be cutting up the HIV genes rather than inserting them into the cells genetic material. They hope that XPB and XPD might be a new target for HIV therapy which would be of particular benefit to those who have become resistant to current drug treatments.

Graves' disease may be a risk for patients with good response to treatment

Investigators writing in the journal *AIDS* have observed five cases of Graves' disease amongst their HIV patients. Graves' disease is an autoimmune disorder where the immune system produces antibodies against the thyroid gland causing it to be over-active. Symptoms include tremor, profound weight loss, palpitations, anxiety and eye problems. The researchers believe that Graves' disease is occurring as a result of immune reconstitution of CD4 cells following commencement of HIV treatment as it tended to occur in individuals achieving good responses whilst starting with very low counts. A literature search found another 23 cases (13 women) of Graves' disease associated with commencement of therapy. Graves' disease developed an average of 21 months after starting treatment and after an increase of 355 CD4 cells. Although very rare, they said "HIV physicians should remain alert for thyroid disorders and Graves' disease".



Planet Positive
MELBOURNE

An Evening for Positive People & their Friends

Wednesday 7 June
From 7.30 till late

Heaven's Door
147 Commercial Road
Prahran

NO COVER CHARGE
Light catering provided
First drink free



planetpositive@plwhavictoria.org.au
For further information call 9865 6756



Acknowledgement

PLWHA Victoria would like to thank our sponsors for providing unrestricted educational grants to fund Poslink and Treatment Interactive Events in 2006.



Membership application

All details provided will be treated as strictly confidential.

I wish to become a member of People Living with HIV/AIDS Victoria and to receive all privileges of said membership. I agree to abide by the Rules* of the organisation at all times. I give permission to receive information from PLWHA Victoria.

Please tick **Full Membership:** I am HIV positive and am able to provide verification of this if required.

Associate Membership: I do not wish to disclose my HIV status, I am HIV negative or I do not know my HIV status.

Signed _____ Name _____

Address _____ Postcode _____

Telephone (optional) _____ Email (optional) _____

Please fax or post your membership application to: PLWHA Victoria
6 Claremont Street
South Yarra VIC 3141
Tel: 03 9865 6772
Fax: 03 9804 7978

*Copies of the Rules of the organisation are available from the PLWHA Victoria office.

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