STATEMENT OF COMMITMENT (Please read and sign this section)	
If re-appointed as a member of the Planning Group, I commit to the following (check off each statement to show your commitment):	
☐ I understand that I must complete at least	
yearly during my term as a Planning Group  I confirm that to the best of my ability, I will monthly Planning Group meetings. I under am unable to attend, I will notify Planning	l attend regularly scheduled stand that I
I understand that membership on the Plan commitment. I have considered my other p obligations and do not foresee them as a k on the Planning Group.	personal and professional
☐ I agree to abide by the Bylaws and Policies Planning Group.	s and Procedures of the
☐ I agree to participate in Planning Group ful adjournment.	nctions from beginning to
<ul> <li>I understand that I must participate in at least one of the Standing Committees of the Planning Group.</li> </ul>	
☐ I understand that I will need to prepare for all pre-distributed materials.	meetings by carefully reading
When I make recommendations and/ or decisions, I agree to consider the HIV/AIDS community as a whole, rather than just special interests or my personal perspectives.	
☐ I agree to disclose any conflicts of interest I may have relative to issues that come before the Group and/ or Committees.	
☐ I agree to keep sensitive information obtained about other Group members (including their HIV status) confidential, unless otherwise given permission.	
<ul> <li>I certify that all statements and representations made in this application are true and correct.</li> </ul>	
Signature	Date (mm/dd/yy)

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