

**ATTACHMENT A
AFFIRMATION OF MEMBER COMMITMENT**

HAB members shall not miss more than one (1) full HAB meeting or not more than 25% of all scheduled conference calls/face-to-face Committee meetings in any twelve (12) month period.

1. I will commit to:

- Attend and participate actively in Orientation
- Serve on the HAB as a member of one Committee and attend all scheduled monthly committee conference calls;
- Participate in all four, two-day full meetings during a planning cycle;
- Prepare for each meeting by reading all pre-distributed materials;
- Consider the needs of NYS and not allow my concern to be limited to personal or special interests;
- Attend full HAB meetings from Call to Order until Adjournment.

2. I have considered my personal and professional obligations and do not believe them to be a barrier to my active participation as a HAB member.

Applicant signature

Date

AGENCY APPROVAL (if applicable)

I certify that I have read the commitments above and agree to allow the applicant, if appointed by the AIDS Institute,
the time required to fulfill obligations as a member of the HAB.

Supervisor's Name (print)

Date

Title

Supervisor's Mailing Address

Supervisor signature _____

Please return to: HIV ADVISORY BODY

HAB@HEALTH.NY.GOV - e-mail

518-474-1199--fax

Please be assured that all information provided in this application is confidential.