



ADVISORY COUNCIL MEMBER APPLICATION

Representative of/Appointed by:

Date Appointment begins¹ July 1st, 20____

Name:

Address:

City, State, Zip:

Phone #:

E-mail²:

Age:

Please describe your interest in aging issues:

Please describe your work, educational, or volunteer experience in the aging field (if applicable, not required):

Authorized Signature of Appointing Body: _____

¹ Appointments are for 3 years, each year from July 1- June 30. A one-time renewal is available at the discretion of the appointing agency.

² Minutes, agendas, and other information will be e-mailed whenever possible to save paper. Otherwise, you will receive them in the mail.

