



Regional Aging Advisory Committee Membership Form

Name: _____

Term: _____

Mailing Address: _____

County of Residence: _____

Phone: _____

E-mail: _____

Date of Birth: _____

Employment Status (working, retired, etc. and field of current or former employment):

Why are you interested in serving on the Regional Aging and Advisory Committee?

Describe experience, background, and knowledge relative to issues important to older adults:

Describe your participation in groups or organizations for older adults and in councils or committees which advise or oversee programs that have an impact on older persons:

In the space below, describe any special skills or attributes of which would enhance his/her effectiveness as a member of the Kerr Tar Regional Aging Advisory Committee:

SIGNATURE: _____

Date: _____

Return Form to:

*Jillian Hardin
Kerr-Tar Area Agency on Aging
P.O. Box 709
1724 Graham Avenue
Henderson NC 27536*