



Advisory Council Member Nomination Form

Name of Nominee:	
Mailing Address:	
County of Residence:	
Phone Number:	
Fax Number:	
Email Address:	
Age:	<input type="checkbox"/> Under 60 <input type="checkbox"/> 60+
Employment Status:	<input type="checkbox"/> Working <input type="checkbox"/> Retired <input type="checkbox"/> Homemaker
Field of Current or Past Employment:	

In the space below, describe nominee's experience, background, and knowledge relative to issues important to older adults:

In the space below, describe nominee's participation in groups or organizations for older adults and on councils, committees that advise or oversee programs that have an impact on older persons:

In the space below, describe any special skills or attributes of nominee which would enhance his/her effectiveness as a member of the NARCOG AAA Advisory Council:

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If not a self-nomination, please indicate the name, address and phone number of the person or group making the nomination:

Name:	
Mailing Address:	
Phone Number:	

Signature of Nominee: _____ Date: _____

(Note: The signature is required for self-nominations as well as for nominations made by other individuals or groups. This signature of the nominee serves as verification that the person being nominated consents to his/her name being placed in the nomination and indicates a commitment on the part of the nominee to participate fully in the orientation, training and work of the Advisory Council.)

Return form to: Tennille Harkins
 NARCOG Area Agency on Aging
 P.O. Box C
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 256.355.4515 (office) 256.351.1380 (fax)
 tennille.harkins@adss.alabama.gov