



REGIONAL AGING ADVISORY COMMITTEE NOMINATION FORM

Submitted By: _____ Date: _____

Name of Nominee: _____

Mailing Address: _____

Telephone: Business: _____ Home: _____

FAX number: _____ E-mail address: _____

Military Veteran: Yes: _____ No: _____

Retired: Yes: _____ No: _____

Business: Name of Firm: _____

Title: _____

Racial/Ethnic Group (*check one*) _____ White (*non-Hispanic origin*) _____ Black (*non-Hispanic origin*)

_____ Hispanic _____ Asian or Pacific Islander _____ American Indian or Alaska Native

Male _____ Female _____

(*check one*) Under age 60: _____ Age 60 or over: _____

Educational Background:

Civic Affiliations (e.g., United Way, etc.):

Experience with the elderly:

What do you consider to be the major needs of the elderly?

Please mail or fax to:

Doni Green
North Central Texas Area Agency on Aging
PO Box 5888
Arlington, TX 76005-5888
Fax: (817) 695-9274

