

COAAA ADVISORY COUNCIL MEMBERSHIP APPLICATION

APPLICANT INFORMATION

Name:

Date of birth:

E-mail:

Phone:

Address:

City:

County:

ZIP Code:

Length of residency:

Gender:

Race:

EMPLOYMENT INFORMATION

Current employer:

Employer address:

How long?

City:

County:

ZIP Code:

Position:

CURRENT MEMBERSHIPS / VOLUNTEER INFORMATION

Organizations:

Offices / Committees:

Dates:

PAST MEMBERSHIPS / VOLUNTEER ROLES

Organizations:

Offices / Committees:

Dates:

COAAA ADVISORY COUNCIL MEMBERSHIP APPLICATION

WHY ARE YOU INTERESTED IN SERVING ON THE COAAA ADVISORY COUNCIL?

WHAT DO YOU SEE AS THE NEEDS OF OLDER ADULTS IN YOUR COMMUNITY?

YOUR AVAILABILITY

Eight Advisory Council meetings are held each year on the first Thursday of the month (March, April, May, June, September, October, November and December) from 10:30AM - 12:00PM. Are you available to attend most of these meetings?

Send application to: **Advisory Council Coordinator**
COAAA
3776 S. High St.
Columbus, OH 43207

Phone: 614-645-7250
Fax: 614-645-3884
E-mail: coaaa@coaaa.org

