

Application for Membership Advisory Council

Name: _____

Address: _____ City/ST/Zip: _____

Day Phone: _____ Evening Phone: _____ Fax: _____

Email: _____

Would you like to receive mailings and/or Board Packets through email? _____

Employer Name: _____

Address: _____ City/ST/Zip: _____

Position/Title: _____ Retired: _____

Type of Business: _____

Relevant professional and person skills: _____

Spouse/Living Partner Name: _____

Demographic Information

Age Group: _____ Under 60 _____ Over 60

Gender: _____ Male _____ Female

Ethnicity: _____ Non-minority _____ Black _____ Hispanic

_____ Native American/Alaskan Native _____ Asian/Pacific Islander

Related Program Experience

Application for Membership Advisory Council

Expertise/Knowledge Areas

_____ Legal _____ Media _____ Ethnic/Minority Groups
_____ Planning _____ Medical _____ Education
_____ Fund Raising _____ Marketing _____ Government
_____ Financial Management _____ Public Relations _____ Public Safety
_____ Housing _____ Personnel Management _____ Health Issues
_____ Social Services _____ Nutrition/Food Services _____ Community Services
_____ Labor Organizations _____ Administrative/Business Management
_____ Other: _____

Other Non-Profit Board Experience

Other Affiliations (individuals, corporations, foundations)

Whom are you representing _____

Are you related to a member of the Board of Directors, Advisory Council, or a Senior Resources staff member? **NO** **YES** (if yes, please list with whom) _____

Disclaimer: As a member of the Board of Directors or the Advisory Council, the information above is available to the Executive Director, Board of Directors, Advisory Council and , under Freedom of Information, the general public.

Signature

Date

Please send completed application to:

Senior Resources
19 Ohio Avenue, Suite 2
Norwich, CT 06360