

**ADVISORY COUNCIL
APPLICATION FOR COUNTY COUNCIL MEMBERSHIP**

Name: _____

Address: _____

Phone: _____ Fax: _____ eMail: _____

County you are a resident of: Benewah Bonner Boundary Kootenai Shoshone

1. Why have you chosen to serve on the County Council? _____

2. Can you commit to attending a minimum of two County Council meetings annually? Yes No

3. Your Life Experience (Volunteer/Work): _____

Membership in Organizations: _____

Membership on Boards, Advisory Councils, Commissions: _____

4. The following is needed to complete the Composition of the Area Wide Council portion of our Area Plan. Please complete by putting a check mark by as many of the following that apply to you:

____ Paid staff person for an organization receiving funding from Area Agency on Aging

____ 60 + years of age (if under 60, please list year you will turn 60 _____)

____ Minority

____ Participant in AAA funded program

____ Elected Official

____ Interested Citizen

5. Will you be representing a specific organization? Yes No

If yes, please provide the name and address of organization): _____

Signature of Applicant

Date

If you have questions concerning this application, please contact Area Agency on Aging.

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