

**ADVISORY COUNCIL  
APPLICATION FOR COUNTY COUNCIL MEMBERSHIP**

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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

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

Area Agency on Aging of North Idaho ♦ 402 W Canfield Ave, Suite 1 ♦ Coeur d'Alene, ID 83815  
(208) 667-3179 ♦ (800) 786-5536 ♦ Fax: (208) 667-5938 ♦ [www.aaani.org](http://www.aaani.org)