



NOMINATION FORM

North Carolina Senior Tar Heel Legislature

Nomination for: Delegate Alternate

Name of Nominee

Address:

County of Residence Date of Birth

Home Phone Home E-Mail

If Currently Employed, Name of Employer <input type="text"/>	
Work Title:	<input type="text"/>
Work Phone:	<input type="text"/>
Work E-Mail:	<input type="text"/>

Electronic Signature:

Date

If not a self-nomination, please indicate the name, address and phone number of the person or group making the nomination.	
Name:	<input type="text"/>
Address:	<input type="text"/>
Phone Number:	<input type="text"/>

BOTH PAGES MUST BE COMPLETED

Describe nominee's experience, background, and knowledge relative to issues important to older adults in North Carolina.

Describe the nominee's participation in groups or organizations for older adults and in councils or committees that advise or oversee programs that have an impact on older persons:

Describe any special skills or attributes of the nominee that would enhance his/her effectiveness as a delegate/alternate to the North Carolina Senior Tar Heel Legislature:

Please click **E-Mail Submit** or **Print** and return nominations to
Evelyn Pressley, Aging Program Assistant
Centralina Area Agency on Aging, 525 N. Tryon St. 12th Floor, Charlotte, NC 28202

To be reviewed and approved by the Region F Aging Advisory Council Members from your County

Reviewed by RFAAC Member:

Date Reviewed

Approved

Declined