

HUNTINGTON BEACH COUNCIL ON AGING

Application for Membership to Board

Name _____

Address _____

City _____ Zip code _____

Phone # _____ Cell phone# _____

Email _____

Occupation (if retired, previous occupation) _____

Age: _____ Consumer _____ Provider _____

Short biographical statement (Volunteer activities/ Board Affiliations/Officer interest)

Special Training/Skills/Strengths:

Specific Areas of Interest/Expertise:

Community Connections:

Access to Financial resources:

Signature _____ Date _____

Attach more information if necessary