

Southeastern Minnesota Area Agency on Aging, Inc.

Application for Board Membership

Date: _____

Is Your Age Under 60? _____

Is Your Age Over 60? _____

Name: _____

Home Address: _____

Phone: _____ County: _____

City/Town: _____ Zip: _____

Business Address: _____

Work Phone: _____

Profession: _____

E-mail Address: _____

Briefly describe your vocation and past experience that may contribute to your Board membership:

This application must be received no later than _____

Anyone who is currently an employee of an agency or organization receiving funds from SEMAAA is not eligible for Board membership. This would be viewed as a conflict of interest.

(over)

Other Volunteer Activities (list other boards, committees or service activities you have participated in):

Why would you like to be a SEMAAA board member?

Do you have any experience or knowledge in working with Older Americans Act Programs?

Mail to: SEMAAA, Inc.
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Rochester, MN 55901
e-mail: semaaa@semaaarochstermn.org