

**Application for Board Membership
Southeastern Minnesota Area Agency on Aging, Inc.**

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:

Please Note: Anyone who is currently an employee of an agency/organization receiving funds from SEMAAA is not eligible for Board membership. This is 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 or other services benefitting older individuals?

Mail to: SEMAAA, Inc.
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Rochester, MN 55902
e-mail: laurie@semaaarochestermn.org or semaaa@semaaarochsternm.org