**APPLICATION FOR MEMBERSHIP TO THE CITIZENS ADVISORY COUNCIL**

**OF THE LOWER RIO GRANDE VALLEY**

**AREA AGENCY ON AGING**

|  |  |
| --- | --- |
| NAME |  |

|  |  |
| --- | --- |
| PREFERRED |  |

|  |  |
| --- | --- |
| MAILING ADDRESS |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| TELEPHONE: | Business |  | Home |  | Cell |  |

|  |  |
| --- | --- |
| EMAIL ADDRESS |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| DATE OF BIRTH |  | | | 60+ | |  | Yes |  | No |
|  | Month | Day |  | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| MINORITY |  | Yes |  | No |  |  | Male |  | Female |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| MILITARY VETERAN |  | Yes |  | No |

|  |  |  |
| --- | --- | --- |
| BUSINESS | Name of Firm: |  |

|  |  |  |
| --- | --- | --- |
|  | Title: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Older individual Residing in Rural Areas |  | Yes |  | No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Clients of Title III Services |  | Yes |  | No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Older individualS |  | Yes |  | No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Minority Older Individuals who Participate or are Eligible to Participate in OAA Programs |  | Yes |  | No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Local Elected Officials |  | Yes |  | No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| General Public |  | Yes |  | No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Veterans’ Health Care Providers, if applicable |  | Yes |  | No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Service Providers |  | Yes |  | No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Family Caregivers of Older Individuals or  Who ARE MINORITY OR WHO RESIDE IN Rural Areas |  | Yes |  | No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Business Community Representatives |  | Yes |  | No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Representatives of Older Individuals |  | Yes |  | No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Representatives of Health Care Provider Organizations |  | Yes |  | No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| People with Leadership Experience in the  PRIVATE AND Voluntary Sector |  | Yes |  | No |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Representatives of Supportive Services Provider Organizations |  | Yes |  | No |

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| --- |
| EDUCATIONAL BACKGROUND |
|  |

|  |
| --- |
| PROFESSIONAL AFFILIATIONS/RECOGNITION |
|  |

|  |
| --- |
| CIVIC INVOLVEMENT |
|  |

|  |
| --- |
| WHAT DO YOU CONSIDER TO BE THE MAJOR NEEDS OF THE ELDERLY? |
|  |

|  |
| --- |
| WHAT DO YOU CONSIDER TO BE THE SPECIAL NEEDS OF THE ELDERLY? |
|  |

|  |
| --- |
| WHAT HAVE YOU DONE SPECIFICALLY IN YOUR COMMUNITY WITH AND/OR FOR THE ELDERLY? |
|  |
| HOW DO YOU FEEL YOU CAN CONTRIBUTE TO THE CITIZENS ADVISORY COUNCIL? |
|  |

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| --- |
| WHAT ABILITIES/EXPERTISE WILL YOU ADD TO THE CITIZENS ADVISORY COUNCIL? |
|  |

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| --- |
| ARE YOU A PROVIDER OF SERVICES PROVIDED BY THE LRGVDC-AAA? IF YES, EXPLAIN: |
|  |

|  |
| --- |
| ARE YOU A CONSUMER OF SERVICES PROVIDED BY LRGVDC-AAA? IF YES, EXPLAIN: |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| ARE YOU WILLING TO ATTEND MONTHLY MEETINGS? |  | YES |  | NO |

|  |  |
| --- | --- |
|  |  |
|  | Signature |

|  |  |
| --- | --- |
|  |  |
|  | Name and Title |

|  |  |
| --- | --- |
| PLEASE RETURN TO: | Margarita Lopez, Director II  HHS Area Agency on Aging of the LRGV  301 W. Railroad St.  Weslaco, TX 78596 |

|  |  |  |
| --- | --- | --- |
| WHO WILL BE YOUR ALTERNATE? | Name |  |
|  | Title |  |
|  | Address |  |
|  |  |  |
|  | Telephone |  |