



A Tradition of Stewardship
A Commitment to Service

NAPA / SOLANO AREA AGENCY ON AGING

275 Beck Avenue, Fairfield, CA 94533



Application for Membership on Napa/Solano Area Agency on Aging Advisory Council

(Feel free to attach a resume or curriculum vitae (CV))

Federal and State laws mandate the composition of the Area Agency on Aging (AAA) Advisory Council. The application questions are designed to ensure the legal composition of the Advisory Council.

Name: _____

Date of Birth: _____
Month Date Year

Please indicate which county you are applying to represent:

- Napa County Solano County

Please indicate your membership preference:

- Primary Representative Alternate Representative No Preference

Please indicate the category for which you are applying and your category affiliation (if applicable):

- Representatives of older individuals
 Representative of health care provider organizations, including providers of veterans' health care

Health care organization affiliation: _____

- Representatives of supportive services provider organizations.

Supportive Services organization affiliation: _____

- Persons with leadership experience in the private and voluntary sectors.

Leadership experience (resume or CV may be attached): _____

- Local elected officials

Elected position: _____

Term of Office: _____

Term Start Date

Term End Date

- Family caregiver representative

- The general public.

Please indicate your race and ethnicity:

- White Hispanic Asian Black

- Native Hawaiian/Pacific Islander American Indian Other: _____

