

**Nomination Form**  
**North Carolina Senior Tar Heel Legislature**  
**(   ) Delegate or (   ) Alternate**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

County of Residence: \_\_\_\_\_

Phone Number (including area code): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Employment Status (working, retired, etc. and field of current or former employment): \_\_\_\_\_

In the space below, describe nominee's experience, background, and knowledge relative to issues important to older adults:

(over)

In the space below, describe the nominee's participation in groups or organizations for older adults and in councils or committees which advise or oversee programs which have an impact on older persons:

In the space below, describe any special skills or attributes of nominee which would enhance his/her effectiveness as a delegate to the North Carolina Senior Tar Heel Legislature:

If not a self-nomination, please indicate the name, address and phone number of person or group making nomination:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone Number (including area code) \_\_\_\_\_

SIGNATURE OF NOMINEE \_\_\_\_\_ Date \_\_\_\_\_

(Note: The signature is required for self-nominations as well as for nominations made by other individuals or groups. This signature of the nominee serves as verification that the person being nominated consents to his/her name being placed in nomination and indicates a commitment on the part of the nominee to participate fully in the orientation and training, the legislative sessions and other activities of the Senior Tar Heel Legislature if selected).

**Return Form to Nancy Francis, Kerr-Tar AAA, P.O.Box 709, Henderson, NC 27536**