



National Silver Haired Congress Nevada Delegation

APPLICATION

NAME: _____

ADDRESS: _____

What is the name of your Congressman _____

HOME PHONE: _____ CELL PHONE _____ FAX _____

DATE OF BIRTH: MONTH ___ DAY ___ YEAR ___ (You must be 60 or older to apply)

AMERICAN CITIZEN: YES ___ NO ___

Work Experience: _____

1. List names of senior organizations you are now or have been a member of and offices held if any. (No partisan activities please)

2. Why would you like to be considered a member of the Nevada Delegation of the National Silver Haired Congress?

3. The yearly conference is held every February in Washington DC, would you be willing to travel?
Yes ___ No ___

4. Would you be willing to assist in fund raising? Yes ___ No ___ (A minimum of \$1,000.00 is needed yearly)

(if more space is needed for answers, please do so on the back of application)

The mission of the Nevada Delegation of the National Silver Haired Congress is to research, educate, and advocate issues of concern to older persons. We are non-profit non-partisan organization working for the good of older persons.