



Delegate/Alternate Information Form

Name: _____

Address: _____ Zip: _____

County: _____ Home Phone: _____ Work Phone: _____ Email: _____

Are you a: Delegate or Alternate?

Have you served as a SH delegate or alternate before? Yes No

Have you worked as an elected official before? Yes No

Have you worked in aging programs/organizations? Yes No

What is your current or past employment? _____

Do you have any ideas for AR legislation that you believe should be considered during the 2024 SHLS? If so, list below:

Please list below other information/suggestions that you feel might add to or improve the training sessions.

Form Must Be Returned to AAA by March 15, 2024