Appointment/Reappointment Southern Georgia Area Agency on Aging **Advisory Council Member**

Check only one of the options below. Your reappointment or replacement decision will be effective July 1, 2019.

	I do not wish to serve, and I do not wish to reappoint the current representative to the Aging Advisory Council. I want to appoint a new member who is willing to serve for a term of three (3) years and is age 60			
	or older. The appointment i	name, address, and phone	number(s) for my new	
	Name:			
	Address:			
	Phone Number	er: <u></u>	(Home)	
			(Work)	
			(Email)	
Ben				
Name	e of City or Co	unty Representing		
·				
Signa	ature of Electe	d Official (Commission Cl	nairman or Mayor)	
04/	13/2019			
Date				
Mail or email the completed form to:			Or fax to:	
Southern Coordin Regional Commission's			(012) 285,6126	

Southern Georgia Regional Commission's Area Agency on Aging

Attn: Linda Gail, Aging Program Manager 1725 South Georgia Parkway, West

Waycross, GA 31503 Email: lgail@sgrc.us

(912) 285-6126 Attn: Linda Gail