

**PERMIAN BASIN AGING ADVISORY COUNCIL
APPLICATION FOR MEMBERSHIP**

Area Agency on Aging of the Permian Basin
2910 LaForce Blvd.
Midland, TX 79711-0660

Name: _____

Mailing Address: _____

Email Address: _____

Phone Number: _____ Cell Number: _____

Check One: Under 60 Over 60 Ethnicity (Optional) _____

Conflicts of Interest: Are you an employee, agent, officer and/or local board or council member of a prospective contractor (including partners and immediate family members) or any organization which employs or asks to employ any of the above or has a financial or other interest in agency selected for an award of the Area Agency on Aging of the Permian Basin?

(Check One) YES NO

Are you a local elected official: YES NO
(Check One)

Occupation: _____

Interests/Activities: _____

Additional Comments:
(Please use back of this application for additional space)

It is the policy of the PBRPC to not discriminate against any person based on race, age, religion, color, disability, national origin or sex.

Please email, mail, or fax this application to Alma Montes, AAA Director at:

amontes@aaapb.com
Area Agency on Aging of the Permian Basin
P.O. Box 60660, Midland, TX 79706-0660
Fax Number: (432) 567-1011