

**St. Martin Council on Aging, Inc.
Board Member Application**

***Board Members must be at least 18 years old, reside in St. Martin Parish, and have a membership card on file.

Date: _____

Name: _____ Age: _____

Address: _____

(City/State/Zip Code)

Telephone # _____ (Home) _____ (Cell)

District: _____ (If Known) Occupation: _____

Have you served, or are you currently serving on other Boards? ___Y ___N

If yes, tell us about your experience: _____

In what ways do you feel that you can be of benefit to the St. Martin Council on Aging, Inc.?

In what ways do you feel that you can be of benefit to your District? _____

Can you commit to Regular quarterly meetings? ___Y ___N

Can you commit to Special meetings? ___Y ___N

Can you commit to Committee meetings? ___Y ___N

Thank you for taking the time to complete this application! Please attach a copy of your resume or any additional information that you would like to share. Applications may be submitted via email to directorsmcoa@cox-internet.com. They may also be brought to the agency office located at 391 Cannery Road, Breaux Bridge, LA 70517, or mailed to the agency address at P. O. Box 39, Breaux Bridge, LA 70517.

ST. MARTIN COUNCIL ON AGING MEMBERSHIP CARD

Name: _____ D.O.B.: _____

Address: _____ Sex: _____

_____ Occupation: _____

Telephone: _____ Cell: _____

Please identify any special interest and/or ways you can provide services to/or
resources for the Council on Aging: _____

Signature: _____ Date: _____