

Master Aging Plan Workgroup Interest Form

Everyone who returns this form will be eligible for a prize!

1. Are you interested in participating in a work group? This will be a commitment of attending 4-5 meetings throughout the fall and winter and participating in conversations that determine the goals, objectives and strategies specific to a prioritized topic area (check one).

Yes Maybe No

2. If you checked yes or maybe, please list the three topics that most interest you. Please choose from the topics that we prioritized today.

topic a. _____

topic b. _____

topic c. _____

Please let us know how to stay in touch with you. You must fill out this section to be eligible for our prize drawing.

First Name: _____ Last Name: _____

Telephone Number: (_____) _____ - _____

Email Address: _____

Mailing Address: _____

city

state

zip code

Township (if known): _____