



INFORMATION | RESOURCES | ADVOCACY

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Regional Advisory Council

Membership Application

Date: _____ County of Residence: _____

Name: _____

Mailing Address: _____

Phone: _____ Email address: _____

Preferred Correspondence: Email Mail

Per the State Unit on Aging Policy & Procedures manual, to ensure that the membership is at least 50% persons 60 years of age and older, includes those of greatest economic or social need, and has minority representation, we need to ask you to respond to the following demographic questions:

Are you at least 60 years of age: Yes No

Do you consider yourself a minority? Yes No

Do you consider yourself low-income? Yes No

Do you live in a geographically isolated area? Yes No

Please list any organizational representations, professional affiliations, knowledge, skills, or abilities, which would enhance your role as an effective RAC member.

Thank you for your interest in the Vintage RAC