



### Delegate/Alternate Information Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Are you a:                      Delegate                      or                      Alternate?

Have you served as a SH delegate or alternate before?                       Yes                       No

Have you worked as an elected official before?                       Yes                       No

Have you worked in aging programs/organizations?                       Yes                       No

What is your current or past employment? \_\_\_\_\_

Do you have any ideas for AR legislation that you believe should be considered during the 2024 SHLS? If so, list below:

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Please list below other information/suggestions that you feel might add to or improve the training sessions.

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***Form Must Be Returned to AAA by March 17, 2024***