MISSOURI SILVER HAIRED LEGISLATURE DECLARATION OF CANDIDACY

Election Year: 2025

Aging Ahead (Area Agency on Aging Delegation)

Please print:		
Name:		Date:
Address:	City:	
State/Zip Code:	County of Resi	dence:
Phone: (home)	(cell)	(work)
Email address:	Date o	of Birth:
I hereby declare my intention to b	be a candidate for the offi	ce checked below:
Representative for the county(i	es) of:	
Senator for the county(ies) of:_ Silver Haired Legislatu	ure Representatives and Sen	nators serve 2-year terms.
I understand this position involves advinvolves participation throughout the y Legislature delegation meetings, traini State Capitol in Jefferson City. If electounty(ies) I represent on behalf of legithat any advocacy activities I participal volunteer of Aging Ahead and will ability and the state of the	vocating in a non-partisan many ear, including, when able, attending sessions, and the fall sessions, and the fall sessions, are ted, I agree to remain in contagislation of interest to the Silvate in as part of my role as a Side by any rules and regulation	ending local and regional Silver Haired on of the Silver Haired Legislature at the act with the state legislators who serve the er Haired Legislature. I also understand ilver Haired Legislator are conducted as a ns required by the Agency.
I affirm that my name does not appear permission for this to be verified.	on the Missouri Employee D	isqualification List (EDL) and grant
	ng this document, I hereby ag	t below in promotion of the 2021 Silver ree to the responsibilities associated with
Signature:		

This completed form must be returned Aging Ahead by mail, email or in person by April 21 by 4:00 P.M. Please mark to the attention of Jan Keith jkeith@agingahead.org

Please state in 100 words or less, your reasons why you want to run for this position and your qualifications for candidacy, including volunteer and/or advocacy experience.