



SUBMIT APPLICATION BY FRIDAY, SEPTEMBER 8, 2017

I WANT TO BE INVOLVED

Name-(Print) _____

Address: _____

Phone: (Cell) _____ (Home) _____

EMAIL: _____

I am a current member of THE SENIOR CITIZEN COUNCIL OF COBB (Circle One)

Yes No

(You may join at any time by completing the Membership tab on our web site
www.seniorcitizencouncilofcobb.org)

My primary senior center is: _____

I am interested in running for: (Circle One)

***President**

***1st Vice President * 2nd Vice President *Secretary * Treasurer**

***Center Delegate (represent your center) *Delegate at Large**

Election process and job descriptions are provided in the

By-Laws, found on the Council's website: www.seniorcitizencouncilofcobb.org

**I WANT TO USE MY SKILLS AND TRAINING TO WORK FOR SENIORS
(CIRCLE ALL THAT APPLY)**

Business Communications Computer Skills Event Planning Finances
Fund Raising Government Agency Interaction Grant Writing
Leadership Management Marketing Membership Public Speaking Recording
Research Social Media Strategic Planning Writing

Other: _____

Please complete this form and mail before September 8 to:

Senior Citizen Council of Cobb County
1750 Powder Springs Road
Suite 190, Box 107
Marietta, GA 30064