Siouxland Aging Services, Inc.
Board Member Nominee Background and Bio

NAME:_____ Date:_____

Address:_____

County:_____ Phone:_____

Please give a brief history of yourself (work, community service, accomplishments, etc.):

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What do you think you would bring to the Board of SAS in carrying out their mission of serving seniors to enable them to live with maximum dignity, well-being, and independence?

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Applicant Signature:_____