

# Texas Silver-Haired Legislature

## Candidate Information Form

Print Name:     
Last First Middle

Address

, TX   
City Zip Code

Phone (Cell)  (Home/work)

Email:

Voter Registration Certificate Number

Identify the AAA region you will be representing:

By completing this form, I hereby declare that I am a registered Texas Voter, 60 years of age or older prior to filing for election, a resident of  Area Agency on Aging.

Signature Date

**PLEASE RETURN TO THE DESIGNATED AREA AGENCY ON AGING  
BY February 28, 2023**

Area Agency on Aging

Address

TX

City Zip code

Phone Number  Contact person: