

MAINE

COUNCIL

ON AGING



Become a member today!



Return form to:

MCOA
P.O. Box 988
Brunswick, ME 04011

kgeorge@mainecouncilonaging.org

Questions?

Call us at:
207-592-9972

The MCOA's mission is to build a strong, multidisciplinary network that works to ensure we can all live healthy, engaged, and secure lives with choices and opportunities as we age in our homes and communities.

Membership Application Form Community Member

Applicant Name: _____

Address: _____

Phone: _____

Email Address: _____

Membership Year: October 1 – September 30

Benefits/Responsibilities of Community Member:

- Consistent with MCOA's commitment to engaging people with lived experience of aging in Maine fully in the work of the organization, this is a full voting membership eligible for board nomination; no dues payments required
- Reimbursement for travel expenses is available; inquire about forms needed
- Members in this category are willing to provide guidance to the MCOA membership and Board of Directors, assist in advocacy and public outreach on issues of importance to them as schedules allow (e.g. deliver testimony; communicate to policy-makers; speak at press events), and represent the MCOA on committees and task forces
- Members agree to participate in MCOA Membership meetings as they are able; meetings are held the 1st Tuesday of each quarter (March, June, September, December) with the September meeting serving as the Annual Meeting each year
- Membership will be reviewed for renewal at the end of each year by September 30

I support the mission of the MCOA and agree to act as a Community Member.

Signature _____

Date _____