



MEMBERSHIP INFORMATION

The Adult & Aging Network serves as an advisory body to the Board of Supervisors of Santa Barbara County on issues related to older adults and people with disabilities. The Network strives for diverse representation, including community-based organizations, caregivers, community members, health care providers, housing advocates, faith-based groups, educators and public agencies. Anyone with an interest in contributing positively to a wide-range of issues affecting the lives of older adults and people with disabilities is welcome to become a member.

Members of the Adult & Aging Network coordinate existing services and strategically determine priority needs and concerns in the areas of human services, health, education, safety and community access.

As a member you will:

- **Help determine priority issues and strategic goals.**
- **Advise the Board of Supervisors on Adult & Aging Network priorities by a) contributing your own experience or your particular expertise, and b) providing guidance and feedback on emerging needs and recommendations presented by the Adult & Aging Network.**
- **Have the opportunity to serve on task forces, sub-committees and ad-hoc committees to drive Adult & Aging Network initiatives and activities.**

To remain a member in good standing, we ask that you:

- **Support the vision and mission of the Adult & Aging Network.**
- **Miss no more than one meeting per calendar year. Membership Meetings occur in January, March, May, July, September and November. (Please refer to the annual calendar for exact dates and times.)**
- **Notify us if you are unable to continue your membership.**

For more information on the Adult & Aging Network please refer to our website at <http://www.sbcaan.org> or call (805) 346-7106.

If you are interested in joining, please complete the form below and return it to Liz Drake by email at edrake1@countyofsb.org or bring a hard copy to the meeting.

Please be sure to retain a copy of the general membership information for your records. Your name and organization will be included in our public membership roster unless otherwise requested.

Name: _____ Organization (if applicable): _____

Mailing Address: _____

Phone: _____ Fax: _____

E-Mail Address: _____

Alternate: _____

Membership Category (mark all that apply):

- ☐ Older Adult (60+) or Person with a Disability
- ☐ Paid or Family Caregiver
- ☐ Business / Private Industry
- ☐ Education
- ☐ Faith Community
- ☐ Health / Behavioral Health
- ☐ Housing / Homelessness
- ☐ Human Services
- ☐ Parks & Recreation
- ☐ Philanthropy
- ☐ Transportation
- ☐ Non-Profit/Community Based Organization
- ☐ Local Government/County Staff/Elected Official
- ☐ Other, please specify _____