

Southeast Kansas Area Agency on Aging

CANDIDATE REGISTRATION FORM

KANSAS SILVER HAired LEGISLATURE

In order to file as a candidate, this registration form and the intent form must be completed and filed with the SEK Area Agency on Aging.

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Please print or type.

Name

Date

Address, City,
State, Zip

Phone

County

E-mail Address (if applicable)

I, _____

Signature

have read the rules for nomination as a candidate to the Kansas Silver Haired Legislature and understand in which county I should be filing. I have enclosed the petition of nomination or \$25 filing fee in lieu of the petition.

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FOR AREA AGENCY ON AGING USE ONLY

Date registration form was received _____

Date intent form was received: _____

Petition enclosed _____ or

Filing fee enclosed _____

Certified: Yes _____ No _____

Reason not certified (if applicable): _____

Date Notice of Certification was mailed: _____