

**SOUTH CAROLINA SILVER HAired LEGISLATURE
CANDIDATE FILING FORM**

Date of Filing_____

NAME_____ COUNTY_____

ADDRESS:_____

(Street) (City) (Zip)

PHONE: (HOME)_____ (CELL)_____

E-MAIL:_____

RETIRED (YES/NO) _____ STILL WORKING: (YES/NO) _____

WORK OR PROFESSIONAL EXPERIENCE _____

EXPERIENCES WITH OTHER ORGANIZATIONS _____

***(IF YOU NEED ADDITIONAL SPACE PLEASE USE BACK OF THIS FORM)**

Certification:

I am 60 years or older and a registered voter in _____ County, S.C. Further, I will attend Area Caucus Meetings, Orientation, Legislative Committee Meetings, and Annual Legislative Sessions. From time to time, members of SCSHL will be expected to contact their State Representative and/or Senator in response to a "Call to Action" from the Speaker. I understand this is a voluntary, non-political organization that advocates on behalf of and for seniors and senior issues.

My State Senator is _____ My House Member is _____

District District

Signature of Candidate

Date received_____

*(IF YOU NEED ADDITIONAL SPACE, GOTO SECOND PAGE).

