	Ont	ological Society Committee Application
DATE OF SUBMISSION:		
Name (Last, First, credentials):		
Address (mailing):		
Email:		
Work phone number: Current Title:		
Committees of Interest (please		
list all committees of interest) Are you currently an SGS		
Member?		
Committee Responsibilities	To ap Volun email Terms	ply, you should be a member in good standing of the Southern Gerontological Society be willing to attend the committee's meeting at the annual SGS meeting (at your expense) be available throughout the year to work with the committee via email and conference call have some experience and/or expertise to contribute to the committee. teer commitment for committees involves working with other members via and participating in teleconferences to accomplish the goals of the group. son committees vary but are renewable. Please see the SGS Bylaws for
Experience: Previous experience which	ı demor	nstrates your ability to contribute to this committee/ working group:
Strengths which you bring to this committee/working group:		
Please list which SGS con	ference	s you have attended:
Notification (for internal use only, please do not complete)		
Committee Chair:		
Designated Work Group/ Da	ate:	