



Membership Application

To join the **AARP Network of Age-Friendly States and Communities** and the **World Health Organization Global Network of Age-Friendly Cities and Communities**

- If you have questions while completing this form, please email livable@aarp.org
- If you need additional space for answering the questions you may add an additional sheet of paper

Section 1: COMMUNITY DETAILS

APPLICATION SUBMISSION DATE: *Click here to enter a date.*

NAME OF THE COMMUNITY: *Click here to enter text.*

STATE: *Click here to enter text.*

POPULATION SIZE: *Click here to enter text.*

PERCENTAGE OF RESIDENTS ABOVE THE AGE OF 60: *Click here to enter text.*

NAME AND TITLE OF THE ELECTED OFFICIAL SIGNING THE OFFICIAL COMMITMENT: *Click here to enter text.*

OFFICE ADDRESS OF THE SIGNER: *Click here to enter text.*

Section 2: COMMUNITY CONTACT for the AARP Network of Age-Friendly States and Communities

- The community contact is the local staff member or volunteer who is primarily responsible for carrying out the community-level work — it is not the responsible AARP staff member.

NAME: *Click here to enter text.*

POSITION: *Click here to enter text.*

EMAIL ADDRESS: *Click here to enter text.*

TELEPHONE NUMBER: *Click here to enter text.*

Please describe the named person's role in the city or community's age-friendly initiative:

Click here to enter text.

The person named above agrees to be subscribed to the [AARP Livable Communities Weekly e-Newsletter](#), which is one of the primary ways we share useful news and resources. To add additional subscribers, type their names and email addresses into below. Once this application is processed, a subscription confirmation message will be sent so the individual can confirm that they want to subscribe. To subscribe today, follow the link above or visit AARP.org/Livable-Subscribe.

Click here to enter text.

Section 3: COMMUNITY ACTIVITIES, ENGAGEMENTS and COLLABORATIONS

1) Please provide a brief summary of the community policies, programs and services that are targeted toward older people and how the community plans to become more age-friendly.

Click here to enter text.

2) How will the community engage and involve older people in the process of becoming a more age-friendly?

Click here to enter text.

3) Briefly describe the mechanisms the community has or is planning to put in place to facilitate collaborative planning and implementation between different agencies and departments.

Click here to enter text.

Section 4: NETWORK MEMBERSHIP

- Your answers to the following questions will help us complete your membership in the global age-friendly network and better enable us to understand how to support the network.

4) How do you hope to contribute to the AARP Network of Age-Friendly States and Communities and the World Health Organization Global Network of Age-Friendly Communities?

Click here to enter text.

5) What motivated your community to join the AARP Network of Age-Friendly States and Communities and the World Health Organization Global Network of Age-Friendly Communities?

Click here to enter text.

6) Provide a digital file or link of a logo or other image that represents your community and for which you have reprint rights. The image resolution should be at least 72 dpi. As an example of an image, here's ours:

Click here to add a link to where we can find your logo. Or, send a JPEG, PDF or PNG of your logo by email attachment to livable@aarp.org.

