

**HARRIS COUNTY PRECINCT ONE
SENIOR CITIZENS' PROGRAM
GROUP INFORMATION**

DATE: _____ (Example January 2010)

GROUP NAME: _____ **GROUP NUMBER:** _____

TRIP COORDINATOR:

NAME: _____

MAILING ADDRESS: _____

TELEPHONE: HOME: (_____) _____ WORK: (_____) _____

EMAIL ADDRESS: _____

ALTERNATE COORDINATOR:

NAME: _____

MAILING ADDRESS: _____

TELEPHONE: HOME: (_____) _____ WORK: (_____) _____

EMAIL ADDRESS: _____

PRESIDENT:

NAME: _____

MAILING ADDRESS: _____

TELEPHONE: HOME: (_____) _____ WORK: (_____) _____

EMAIL ADDRESS: _____

WHEN DOES YOUR GROUP MEET?

(Ex. first Thursday of each month @ 10:00 a.m.)

MEETING LOCATION:

NAME: _____

ADDRESS: _____
(Street) (City) (Zip Code)

NUMBER OF ACTIVE MEMBERS: _____ **AGE RANGE:** _____

MONTH OF ELECTION: _____ (Example: January 2010)

TERM OF OFFICE: _____ (Example: 1 year)

Please return this completed form to:

HARRIS COUNTY PRECINCT ONE SENIOR CITIZENS' PROGRAM
15108 Cullen Boulevard
Houston, Texas
Telephone: (713) 733-3717 Email: Craig_Butcher@cp1.hctx.net Fax: (713) 731-1102