

**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 your Area Agency on Aging by February 9, 2005.

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Please print or type.

Name	Date	
City, State, Zip	Phone	
County	District (if applicable)	County

I, \_\_\_\_\_, have  
Signature

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 \$15 filing fee in lieu of the petition.

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**FOR AREA AGENCY ON AGING USE ONLY**

Date Returned: \_\_\_\_\_

Date Notice of Certification was mailed: \_\_\_\_\_

Reason not certified (if applicable): \_\_\_\_\_

Date Registration and Intent Forms were returned: \_\_\_\_\_

Certified: Yes \_\_\_\_\_ No \_\_\_\_\_

Filing Fee Enclosed: \_\_\_\_\_

Petition Enclosed: \_\_\_\_\_