Comhairle Chontae na Gaillimhe
Galway County Council

Galway County Older People's Council

Expression of Interest Form

I, _____, would like to express my interest in being part of the Galway County Older People's Council.

I understand my details will be included on a mailing list for information circulated in relation to Galway County Older People's Council and the Age Friendly Programme.

I consent to my name and contact details being used and stored by Galway County Council for this purpose.

Signed _____ **Name (PRINT)** _____

Address (PRINT) _____

_____

Telephone _____

Email _____

GALWAY
AGE FRIENDLY
PROGRAMME