

19th Texas Silver-Haired Legislature

Certification of Election

Be it known by all that

The Honorable _____ having met all requirements as set forth by the 19th Texas Silver-Haired Legislature Bylaws and Election & Credentials Manual for the position of Legislator representing the older adults of the _____ Area, and, having been _____ duly elected for this position on _____ or _____ appointed to this position (date) _____;

Therefore, the undersigned Area Agency on Aging Director respectfully requests that he or she be seated with all the rights and privileges of said position.

AAA Director: _____
Signature Date _____

Please send one signed original within five (5) days after the election to:

Pat Gleason-Wynn, Chair
TSHL Election & Credentials Committee
5009 Sheridan Court, Arlington, TX 76017
ph.: 817-680-2236, tshlpatgleason@gmail.com

Form 110