



ODP Member Profile Form

Your Name:

Title:

Company/Organization:

Email Address:

ODP Member Since:

ODP Committee Affiliation:

1. Summarize your professional background relevant to Age Wave preparedness.

2. What expertise or other strengths do you bring to the Older Dominion Partnership?

3. What do you believe are the most pressing issues in Age Wave-preparedness in Virginia today?

4. What advice do you have for age wave planning in Virginia?

Please return this form, along with a photograph of yourself to:
Kiersten Ware, 2601 Floyd Ave., Richmond, VA 23220