

Age-Friendly Manitoba Initiative

REGISTRATION FORM

Name of Community:		
Community Contact Person:	Occupation:	
Tel:	Fax:	Email:
Address:		
To participate in the Age-Friendly Manitoba Initiative, we agree to:		
<ul style="list-style-type: none">• Establish an advisory committee that includes the active engagement of older adults;• Secure a local municipal council resolution to actively support, promote and work towards becoming age-friendly;• Establish a concrete plan of action that includes a needs assessment developed with older adults;• Demonstrate commitment to action by publicly posting the action plan;• Commit to measuring activities, reviewing, and reporting publicly on action plan outcomes.		
Mayor/Reeve: _____	Date: _____	

Register by email to:

Email Address: health.promotion@gov.mb.ca

and to hello@agefriendlymanitoba.com

Subject: Age-Friendly registration form

Manitoba Health, Seniors and Active Living