



WisTech AT ADVISORY COUNCIL MEMBER APPLICATION

Name: _____

Address: _____

City: _____ WI Zip Code: _____

Telephone: _____ E-mail: _____

1. Do you use assistive technology? Yes No

2. Why would you like to be involved with the AT Council?

3. What skills would you bring to the Council?

4. We believe the AT Council should reflect the cultural diversity of people who are consumers of AT services in Wisconsin. Please share anything about yourself that you think would add to the diversity of this council. (You might consider your diversity to be ethnic, racial, spiritual, social, economic, geographic, disability related, etc.)

**Please use the space provided to answer the questions.
If you need additional space, please attach extra pages to this application.**

By completing and submitting this application you agree:

- You are a consumer who uses AT, a family member/guardian representing a person who uses AT, or a professional who works with consumers on assistive technology issues.
- To provide a guiding voice for assistive technology services across the state.
- To travel and participate in four one-day meetings a year at various locations throughout the state. Some meetings may be via video conference or phone.
- To participate and share your time and expertise on sub-committees in addition to the general meetings.

Please return this form via regular mail, email or fax to:

**WisTech
AT Council Recruitment
PO Box 7851, Room 438
Madison, WI 53707-7851
(608) 266-3386 Fax
Sarah.lincoln@wisconsin.gov**

***If you need to submit materials orally, contact Ralph Pelkey at (608) 267-9091.**

**THE DEADLINE FOR THE 2010 RECRUITMENT IS
FRIDAY, July 16, 2010**