



Technology Solutions for Life's Limitations

Advisory Council Application

Date

Name

Address

City/State

Zip Code

Phone

E-mail address

Check all that apply:

I experience a disability (please specify)

I am a family member or guardian of an individual experiencing a disability (please specify)

I am an agency representative for

Other (please specify)

Please share a brief description of your background and experience in obtaining, using, and/or providing assistive technology devices. (To add more information, go to page 2)

Please describe the type of activities or organizations you have been involved with regarding disability related issues. (To add more information, go to page 2)

Why would you like to be a member of the ATP Advisory Council? (To add more information, go to page 2)

02/22/2021 10:11 AM

Submit application to Page Hudson, 2900 W 11th St Ste 101, Sioux Falls, SD 57104 or e-mail phudson@dakotalink.net