



Advisory Council Application

If you have questions and to submit application by email:
angie.ransom@nebraska.gov (402) 309-0374

Applications may also be mailed:
3901 N. 27th Street, Suite 5,
Lincoln, NE 68521

Name		Date
Address		
City	State	Zip Code
Phone	Cell Phone	Work Phone
Email address		Text

Check all that apply and describe disability:

Experience a disability _____

Family member or guardian for individual that experiences a disability _____

Agency or organization representative for _____

Other (please describe)

Describe your background and experience in obtaining, using, and providing assistive technology devices.

Describe activities and organizations that you have been involved in regarding disability issues.

Why do you want to be a member of the ATP Advisory Council?