



STATEWIDE ADVISORY COUNCIL Nomination Form

Name (Last)	First:	Middle Initial:
Company/Organization:	Position/Title:	

Preferred Mailing Address:

Address:	
City:	State:
Zip/Postal Code:	County:
Business Phone:	Home Phone:
Business Fax:	Mobile Phone:
E-mail:	TTY/TDD:

Highest level of education

- High School Degree
- Some College or University
- Associate Degree
- Undergraduate Degree
- MBA
- Other Graduate Degree

Please Specify: -

Age Range (Optional)

- Under 18
- 18-25
- 26-44
- 45-65
- Over 65

Race/Ethnicity (Optional)

- American Indian
- African American/Black
- White
- Hispanic
- Other _____

User of AT

- N/A
- Individual/Applicant

Particular Disability:

- Family Member

Please Specify: (ex: Spouse, Child, etc..)

Gender

- Female
- Male

COMMUNITY SERVICE



(Please list any community service organizations you are a part of and your position.)

MEMBERSHIP STATUTE REPRESENTATION

(Please check all areas that apply to you.)

- Individual with disability that uses assistive technology
- Family Member/ Guardian of an individual with a disability that uses assistive technology
- Representative of Vocational Rehabilitation
- Representative of the Centers for Independent Living
- Representative of the State Services for the Blind
- Representative of the State Workforce Reinvestment Board
- Representative of the Alabama Department of Education
- Representative of the Department of Employment and Economic Development
- Representative of Political Official
- Representative of Public Relations
- Representative of Financial Profession
- Representative of Business Owner

PLEASE LIST ANY SPECIFIC AREA OF EXPERTISE YOU HAVE TO OFFER TO THE BOARD

(Example: Financial/Accounting, Assistive Technology/Computers, Marketing, Fund Raising, Education, etc.)

Signature

Date

**Complete and Mail/Fax to:
Pamela Blome, PhD
STAR Executive Director
2125 E. S. Boulevard
Montgomery, AL 36120-0752**