



1 WEST WILSON STREET, ROOM 1150
P O BOX 7851
MADISON WI 53707-7851

Voice: 608-266-7974
TTY: 608-267-9880
Fax: 608-266-3386
www.pdcouncil.state.wi.us

State of Wisconsin Council on Physical Disabilities

Physical Disabilities Network Application

Please check all that apply:

- I am interested in being recommended for appointment by the Governor to the Council on Physical Disabilities.¹

Please explain below why you are interested in serving on the Council.

- I do not wish to apply for appointment, but I will collaborate with a Council committee.²

Please select your committee choice(s): Long-term support; Housing; Transportation.

Please list below the interests and expertise you bring to committee work.

- I do not want an active role, but I want to be kept informed of Council activities.

¹ To apply for membership, also complete the application at: <http://www.wisgov.state.wi.us/section.asp?linkid=275&locid=19>.

² Non-member partners may be appointed by majority vote of the Council and may serve on special task forces, technical sub-committees and standing committees. Partners may not vote, but are expected to participate in all discussions. Partners may be reimbursed for expenses at State rates.

Please tell us about yourself:

Name:		
Address:		County:
City:	State:	Zip:
Daytime phone:	E-mail:	

I am a: <input type="checkbox"/> person with a disability; please specify:
<input type="checkbox"/> family member; please specify relationship:
<input type="checkbox"/> advocate; please identify affiliation, if any:
<input type="checkbox"/> service provider; please specify:

Education:
Work experience:
Volunteer experience and/or organization memberships:

My State Senator is:	My State Representative is:
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Signature:	Date:
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**Return this application to: Council on Physical Disabilities
1 W. Wilson Street, Room 1150
PO Box 7851
Madison, WI 53707-7851**