

**ADVOCATES LEADING THEIR LIVES (ALL)  
SELF ADVOCACY NETWORK  
2017 Membership Application**

**Name/Title:** \_\_\_\_\_  
**Birthdate:** \_\_\_\_\_ **Gender:** \_\_\_\_\_  
**Ethnicity (optional):** \_\_\_\_\_ **Agency:** \_\_\_\_\_  
**Occupation:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

How would you like to receive information about the ALL group? Mail \_\_\_ Email \_\_\_ Phone Call \_\_\_

Accommodations Needed:

\_\_\_\_\_

Please Contact the DD Council with any questions: \_\_\_\_\_

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**(701)-328-4847**

