



Welcome to A-Team Minnesota

Team Member Information:

Name:				
Address:				
Phone:				
Email:				
Circle One:	Self – advocate	Family Member	Provider	Community Member

Communication Preference:	YES	NO
Phone	<input type="checkbox"/>	<input type="checkbox"/>
Email	<input type="checkbox"/>	<input type="checkbox"/>
Add my contact information to A TEAM Action Alerts, Emails, News, etc. Your contact information will not be shared without your permission.	<input type="checkbox"/>	<input type="checkbox"/>

Topics of Interest to you:	Check all that Apply <input type="checkbox"/>
How to become a strong advocate	<input type="checkbox"/>
How to share my story through video, written testimony	<input type="checkbox"/>
Connecting with the Media	<input type="checkbox"/>
Meeting with legislators and policy makers	<input type="checkbox"/>
Networking with other families	<input type="checkbox"/>
Educational Forums on disability related subjects	<input type="checkbox"/>
A-Team Newsletters and Action Alerts	<input type="checkbox"/>
Attend A-Team Minnesota zoom meetings	<input type="checkbox"/>
Websites and other advocacy organizations	<input type="checkbox"/>
Other topics: (Fill In)	

Return to A TEAM Facilitator at close of meeting.

Or, Email to: ateam.mngroup@gmail.com

Mail: A-Team Minnesota, 5913 River Rd. Buyck, MN 55771

MYWORK. MYCHOICE.

MYHOME. MYCHOICE.

MYLIFE. MYCHOICE.