

# YES, I/we want to join People First

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ County: \_\_\_\_\_

Email: \_\_\_\_\_

## Enrollment dues

- \$5: Self-advocate
- \$10: Dual member of PFTN/The Arc
- \$20: Supporter
- \$100: Business advocate

Cash \_\_\_\_\_ Credit Card \_\_\_\_\_

Visa \_\_\_\_\_ MC \_\_\_\_\_ Discover \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_ CSV: \_\_\_\_\_

Signature: \_\_\_\_\_

Complete this form and send it to People First,  
c/o The Arc Tennessee, 545 Mainstream Drive, Nashville TN 37228-1213

Name

City

Signature

PEOPLE FIRST



MEMBER