



PEOPLE FIRST MEMBERSHIP FORM

Membership is open to any person interested in supporting the goals of People First of Louisiana. All forms of inclusive community participation are encouraged to promote the values and vision of People First of Louisiana.

Date: _____

Please enroll me as a member of People First of Louisiana.

_____ Self – Advocate Membership
Person with a Disability – Voting Membership

_____ Sponsor – Individual Membership
Person without a Disability / Non – Voting Membership

_____ Advisor/Sponsor – Organization/Business
Non – Voting Membership

Name:

Street Address:

City, State and Zip Code:

Phone Number:

Email Address:

Email Completed Form to:

info@peoplefirstla.org