



## 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*

\_\_\_\_\_ Sponsor – Organization/Business  
*Non – Voting Membership*

Name:

\_\_\_\_\_

Street Address:

\_\_\_\_\_

City, State and Zip Code:

\_\_\_\_\_

Phone Number:

\_\_\_\_\_

Email Address:

\_\_\_\_\_

**Email Completed Form to:  
sharon@peoplefirstla.org**