

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
Make checks payable to The Arc TN


KEEP THIS PORTION

Name

City

Signature

PEOPLE FIRST



MEMBER

CUT ALONG THE DOTTED LINE - CUT ALONG THE DOTTED LINE - CUT ALONG THE DOTTED LINE