

People

First

a voice for people with learning difficulties

Individual Membership Form

For people with learning difficulties

Name: _____

Address: _____

Telephone Number: _____

Mobile Number: _____

Email: _____



Twitter Account Name (if you have one):

We would like to send you information about campaigns, news updates and information about how you can take part in campaigns. Please tell us the best way to send you this information by ticking one of the boxes below:



By email



By post

Signature: _____



Date: _____

Please post this form back to:

People First (Self Advocacy),
336 Brixton Road,
London, SW9 7AA