



Membership Form

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Telephone (Work) _____ (Home) _____ Fax _____

E-Mail _____

New Member Renewal

- \$49 individual/family
- \$49 educator
- \$38 student

- \$109 international individual/family
- \$109 international educator
- \$109 international student

PROFESSIONAL MEMBERSHIP**

New Member Renewal

- \$120 professional member
- \$207 international professional member

ORGANIZATIONAL MEMBERSHIP**

New Member Renewal

- \$325 organizational member
- \$465 international organizational member

***membership includes the option of a listing on CHADD's Online Professional directory.*

Call for more information.

I authorize my credit card to be charged for automatic annual renewals. For more information please visit <https://www.chadd.org/autodraftFAQs>

PAYMENT

Check American Express Discover MasterCard Visa

Name on Card _____

Card Number _____ Exp. Date _____

Signature _____

I would like to donate a \$49 membership to someone less fortunate

Total Payment \$ _____

MAIL OR FAX TO: CHADD

8181 Professional Place, Suite 150, Landover, MD 20785 • Fax: 301-306-7090

All funds submitted must be in U.S. dollars, drawn on U.S. banks

QUESTIONS OR FURTHER INFORMATION? Call CHADD at 800-233-4050