

# Member-Get-a-Member Campaign

WIN GREAT PRIZES!  
ENDS JUNE 30TH



## 2017 MEMBER-GET-A-MEMBER APPLICATION FORM

Member Information		
Name:		
Email:	Phone:	
Address:		
City:	State:	ZIP Code:
<p><b>About You</b> (check all that apply)</p> <input type="checkbox"/> I am an adult with ADHD <input type="checkbox"/> I am a parent/grandparent of a child with ADHD <input type="checkbox"/> I am a teacher or school administrator <input type="checkbox"/> I am a professional in the health or mental health field		
<p><b>How did you hear about CHADD?</b></p> <input type="checkbox"/> Friends, neighbors, family, school <input type="checkbox"/> Google/internet search <input type="checkbox"/> I attended an event		

**Email Opt-Out**

*We want to stay in touch with you! If you do NOT wish to receive emails from CHADD regarding membership, special member-only promotions, events, and ADHD education, check this box.*

Membership Type		
<input type="checkbox"/>	Individual	\$53.00
<input type="checkbox"/>	Family	\$53.00
<input type="checkbox"/>	Educator	\$53.00
<input type="checkbox"/>	Student/Senior Citizen	\$41.00
<input type="checkbox"/>	Professional	\$130.00
<input type="checkbox"/>	Organization	\$354.00

Total enclosed: \_\_\_\_\_

Check (make payable to CHADD)       Credit Card

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Security Code \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Credit Card Billing address same as above

Credit Card Billing Address		
Address:		
City:	State:	ZIP Code:

Cardholder Signature (required for processing) \_\_\_\_\_

Sign me up for automatic membership renewal!

I would like to donate a one year CHADD membership to a friend

**I was encouraged to join by:**

Name: \_\_\_\_\_

Email: \_\_\_\_\_

CHADD Member ID# \_\_\_\_\_

*Please include the above information so that we can properly credit your member recruiter.*

- \*Family Membership includes up to 3 additional Benefit Recipients
- \*Organizational Membership includes up to 5 additional Benefit Recipients
- \*Professional Membership includes the option of a listing in CHADD's Resource Directory

Send Completed form to CHADD	
<b>MAIL</b>	<b>FAX</b>
CHADD	301-306-7090
4601 Presidents Drive	or
Suite 300	
Lanham, MD 20706	