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|  | **MEMBERSHIP**  APPLICATION |

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| member Information | | | |
| Name: | | | |
| Email: | | Phone: | |
| Address: | | | |
|  | | | |
| City: | State: | | ZIP Code: |
|  | | | |
| **About You** (check all that apply)  🞎 I am an adult with ADHD  🞎 I am a parent/grandparent of a child with ADHD  🞎 I am a teacher or school administrator  🞎 I am a professional in the health or mental health field | | **How did you hear about CHADD?**  🞎 Friends, neighbors, family, school  🞎 Google/internet search  🞎 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 | | |
| 🞎 | Individual | $53.00 |
| 🞎 | Family | $53.00 |
| 🞎 | Educator | $53.00 |
| 🞎 | Student | $41.00 |
| 🞎 | Senior Citizen | $41.00 |
| 🞎 | Professional | $130.00 |
| 🞎 | Organization | $354.00 |

Total enclosed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 Sign me up for automatic membership renewal!

🞎 Check (make payable to CHADD) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞎 Credit Card  
  
Card Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_\_ Security Code\_\_\_\_\_\_\_\_\_

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

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

🞎 Credit Card Billing address same as above

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

**YOUR LOGO HERE**

|  |  |
| --- | --- |
| **Send completed form to CHADD or provide to your local CHADD volunteer leader** | Chapter State: \_\_\_\_\_\_\_\_\_\_ Chapter Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| CHADD National Office  4601 President’s Dr., Ste 300  Lanham, MD 20706  customer\_service@chadd.org | (f) 301-306-7090  12.12.17 |