|  |  |
| --- | --- |
| \\CHADDFS\Users\Jantell_Stone\Desktop\NewCHADDLogo.png | **MEMBERSHIP** APPLICATION |

|  |
| --- |
| 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 |
|

|  |
| --- |
| memberSHIP bEnefits |
|  | **Attention** magazine – A bi-monthly magazine |
|  | **Attention Monthly E-Newsletter** |
|  | **Member-Only access** on CHADD’s website |
|  | Discount Savings Network  |
|  | **Free Discount Prescription Card** offered by CHADD |
|  | **Member discounted pricing** on Annual Conference, training and events |

🞎 **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 yearly 🞎 or $5.00 monthly 🞎 |
| 🞎 | Family | $53.00 yearly 🞎 or $5.00 monthly 🞎 |
| 🞎 | Educator | $53.00 yearly 🞎 or $5.00 monthly 🞎 |
| 🞎 | Student | $41.00 yearly  |
| 🞎 | Senior Citizen | $41.00 yearly  |
| 🞎 | Professional | $130.00 yearly |
| 🞎 | Organization | $354.00 yearly |
| **\***A credit card is required to sign up for the $5 monthly option |

  |

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

🞎 Check (make payable to CHADD) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞎 Credit Card

Credit Card Number\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expiration Date \_\_\_\_\_\_\_\_\_\_\_ Security Code\_\_\_\_\_\_

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

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

🞎 Credit Card Billing address same as above

|  |
| --- |
| **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 Office4221 Forbes Blvd., Ste 270Lanham, MD 20706customer\_service@chadd.org | (f) 301-306-7090 |