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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.* | | | |

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| memberSHIP TYPE | | |
| ¨ | Individual | $75.00 |
| ¨ | Family | $120.00 |
| ¨ | Educator | $75.00 |
| ¨ | Student | $60.00 |
| ¨ | Senior Citizen | $60.00 |
| ¨ | Professional | $195.00 |
| ¨ | Organization | $495.00 |

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  4221 Forbes Blvd Suite 270  Lanham, MD 20706  customer\_service@chadd.org | (f) 301-306-7070  12.12.17 |