



# MEMBERSHIP

## APPLICATION

MEMBER INFORMATION		
Name:		
Email:	Phone:	
Address:		
City:	State:	ZIP Code:
<b>About You</b> (check all that apply) <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		<b>How did you hear about CHADD?</b> <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	\$75.00
<input type="checkbox"/>	Family	\$120.00
<input type="checkbox"/>	Educator	\$75.00
<input type="checkbox"/>	Student	\$60.00
<input type="checkbox"/>	Senior Citizen	\$60.00
<input type="checkbox"/>	Professional	\$195.00
<input type="checkbox"/>	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

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

Send completed form to CHADD or provide to your local CHADD volunteer leader	
CHADD National Office 4221 Forbes Blvd Suite 270 Lanham, MD 20706 customer_service@chadd.org   (f) 301-306-7070	Chapter State: _____ Chapter Name: _____