



Membership Form

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Telephone (Work) _____ (Home) _____ Fax _____

E-Mail _____

New Member Renewal

- \$53 individual/family
- \$53 educator
- \$41 student

- \$109 international individual/family
- \$109 international educator
- \$109 international student

PROFESSIONAL MEMBERSHIP**

New Member Renewal

- \$130 professional member
- \$207 international professional member

ORGANIZATIONAL MEMBERSHIP**

New Member Renewal

- \$354 organizational member
- \$465 international organizational member

***membership includes the option of a listing on CHADD's Online Professional directory.
Call for more information.*

I authorize my credit card be charged for automatic annual renewals.

PAYMENT

Check American Express Discover MasterCard Visa

Name on Card _____

Card Number _____ Exp. Date _____

Signature _____

I would like to donate a \$53 membership to someone less fortunate

Total Payment \$ _____

Children and Adults with Attention-Deficit/Hyperactivity Disorder
8181 Professional Pl, #150
Landover, MD 20785
customer_service@chadd.org
Phone 1-800-233-4050 *press 3
FAX 1-301-306-7090