



CHILDREN AND ADULTS WITH
ATTENTION-DEFICIT/HYPERACTIVITY DISORDER

CHADD MEMBERSHIP FORM

Name _____

Company _____

Address _____

City _____ State _____ Zip _____

Telephone (Work) _____ (Home) _____

Fax Number _____

E-Mail _____

Chapter Affiliation _____

o New Member o Renewal

- | | |
|--|--|
| <input type="checkbox"/> \$45 individual/family | <input type="checkbox"/> \$100 international individual/family |
| <input type="checkbox"/> \$45 educator | <input type="checkbox"/> \$100 international educator |
| <input type="checkbox"/> \$35 student | <input type="checkbox"/> \$75 international student |
| <input type="checkbox"/> I would like to donate a \$45 membership for someone less fortunate | |

PROFESSIONAL MEMBERSHIP**

o New Member o Renewal

- \$110 professional member
- \$190 international professional member (outside U.S.)

ORGANIZATIONAL MEMBERSHIP**

o New Member o Renewal

- \$300 organizational member
- \$425 international organizational member (outside U.S.)

**** Membership includes a listing in CHADD's online Directory of Professionals, Products & Services**

PAYMENT

- o Check o American Express o Discover o MasterCard o Visa**

Name on Card _____

Card Number _____ Exp. Date _____

Signature _____

Total Payment \$ _____

MAIL OR FAX TO: CHADD, 8181 Professional Place, Suite 150, Landover, MD 20785 • Fax: 301-306-7090
All funds submitted must be in U.S. dollars, drawn on U.S. banks

QUESTIONS OR FURTHER INFORMATION? Call CHADD at 800-233-4050