



MEMBERSHIP APPLICATION

MEMBER INFORMATION		
Name:		
Email:	Phone:	
Address:		
City:	State:	ZIP Code:
About You (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		How did you hear about CHADD? <input type="checkbox"/> Friends, neighbors, family, school <input type="checkbox"/> Google/internet search <input type="checkbox"/> I attended an event

Email Opt-Out. I DO NOT want to stay up-to-date on upcoming meetings and other events from CHADD.
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	\$53.00
<input type="checkbox"/>	Family	\$53.00
<input type="checkbox"/>	Educator	\$53.00
<input type="checkbox"/>	Student	\$41.00
<input type="checkbox"/>	Senior Citizen	\$41.00
<input type="checkbox"/>	Professional	\$130.00
<input type="checkbox"/>	Organization	\$354.00

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.	Chapter State: CALIFORNIA Chapter Name: CHADD of San Fernando Valley Chapter #: 615
CHADD National Office 4601 President's Dr., Ste 300 Lanham, MD 20706 customer_service@chadd.org (f) 301-306-7090	