

## MEMBERSHIP APPLICATION

**Personal Information:**

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname : \_\_\_\_\_  
 Address: (in full, including town / county/ postcode etc): \_\_\_\_\_

Telephone/Mobile: \_\_\_\_\_ E-mail: \_\_\_\_\_  
 Parent  or Professional  ? (please tick box to indicate)  
 Occupation: \_\_\_\_\_ Work telephone: \_\_\_\_\_

If applicable, please tell us about your child(ren) diagnosed with AD/HD:

Name	Diagnosed by whom	Date diagnosed	Medication	Dosage

Please give details of other family members:

Name	D.O.B.	School/Employment	Relationship to child(ren) diagnosed with AD/HD

Membership fee (please tick appropriate box):

Professional (£30)  Family (£20)  Single parent (£10)  Unwaged (£10)

Payment by cash / cheque / postal order (please circle as appropriate), made payable to “NI-ADD Support Centre”.

**Please return the fully completed application form and membership fee to:**

NI-ADD Children’s Charity  
 71 Eglantine Avenue  
 Belfast BT9 3EW

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 FOR OFFICE USE ONLY

Date of application: \_\_\_\_\_  
 Fee paid (amount) \_\_\_\_\_

Membership number: \_\_\_\_\_  
 Renewal due: \_\_\_\_\_