



Children's Charity
Northern Ireland-Attention Deficit & Hyperactivity Disorder

MEMBERSHIP RENEWAL

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 renewal form and membership fee to:

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

FOR OFFICE USE ONLY

Date of renewal: _____
Fee paid (amount) _____

Membership number: _____
Renewal due: _____