

2009 HADD Membership Application Form
(Membership runs from January to December each year.)

Name: _____
Address: _____
Telephone: _____
Email address: _____

Annual Membership fees: Family : €15
Single parent /Unwaged : € 5
Professional : €20

If you wish to become a member of HADD please complete this form & return it with payment of membership fee to: Membership Secretary, HADD, at the above address.

- I would like to become a member of HADD and enclose my annual fee:€
- I would like to make a donation to HADD (enclosed): €

Please make cheques payable to HADD

H.A.D.D. offers support to families of those affected by
Attention Deficit Hyperactivity Disorder