



MEMBERSHIP FORM

NAME:

AREA: DATE:

PAYMENT: **Individual/Family:** €30.00
Students: €20.00
Professionals: €45.00

*(For those who would like their details added to
our Professional Directory)*

PLEASE COMPLETE IN CAPITAL LETTERS.

Address:

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Tel. Nos.: Home **Work**

Mobile **Fax**

Email:

Occupation:

Reason for joining the group:

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How did you hear of the group?

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How many children do you care for with ADD-ADHD?

Do you have any other children? If so, how many?

For office info only: Emailing List Cybee Professional Directory.....