



# WFADHD Application Form for Committee Member 2026

**I would like to apply to become a member of the following committee  
of the World Federation ADHD:** *(Please choose just one)*

Awards Committee

Dissemination Committee

Membership Committee

Education Committee

Mrs

Mr

Other

Dr

Prof

Other

Family Name: .....

First Name: .....

Email: .....

Institutions Name: .....

Position in Institute: .....

Country: .....

Clinicians

Researcher

Other, please explain: .....

Professional

Professional with lived experience

Person with lived experience

Other, please explain: .....

Individual Member WF ADHD

Affiliated Association Member – please name the Affiliated Association you are a member of:

Please describe your motivation for applying and your experience here (approx. 150 – 250 words).

Thank you in advance. The WF ADHD is looking forward to your application.