



# CHAPTER REGISTRATION FORM

While SADD National charges no dues or registration fees, we need current and updated information from all of our chapters every year in order to be effective. The valuable information allows us to share important news and opportunities with you. It also gives us critical data about the SADD network and helps us draw attention to the issues you care about and support our requests for funding.

When you send in this form, we'll mail you a complimentary Chapter Recognition (suitable for framing!) for the current school year along with a free gift! You may type up this form and mail it to us or scan it online at [www.sadd.org/chapterreg.htm](http://www.sadd.org/chapterreg.htm). Thank you for helping us keep the SADD network strong!

SADD, INC., 255 MAIN STREET, LEICESTER, MA 01755 | PHONE: 508-481-5759 | FAX: 508-481-5759

Select one:       New Chapter Registration       Chapter Renewal/Annual Update

SADD Chapter Name: \_\_\_\_\_

Please indicate where your SADD chapter is based:

SCHOOL-BASED			COMMUNITY-BASED	
Is this a	Public or	Private School?	Community Coalition	Community Center
High School		College	Church/Synagogue	Boys & Girls Club/Y
Middle School		Elementary School	Non-Profit Agency	City/County Agency
Other:			Other:	

### Chapter Data

Number of Active Students in SADD Chapter: \_\_\_\_\_ Year SADD Chapter Founded (If Known): \_\_\_\_\_

Name of School/Place SADD Chapter is Based: \_\_\_\_\_

School/Base Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Principal/Director Name: \_\_\_\_\_

Is Your Community:       Urban       Suburban       Rural

If School-Based: Total Students In School: \_\_\_\_\_ Grade Levels the School Covers: \_\_\_\_\_

### SADD Advisors

Please list all SADD Advisors here. The first advisor listed will serve as the primary contact for SADD National. Advisors currently in our database who do not appear on this form will be deleted.

Advisor Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail\*: \_\_\_\_\_

Advisor Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail\*: \_\_\_\_\_

Advisor Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail\*: \_\_\_\_\_

### President

Chapter President: \_\_\_\_\_ E-mail\*: \_\_\_\_\_

\* As a convenience, advisors and chapter presidents will be signed up to receive The SADDvocate, our monthly e-newsletter. You may unsubscribe at any time. Please ask all SADD students to sign up for The SADDvocate at [sadd.org](http://sadd.org). Or send a list of your chapter members, with e-mail address, first name, and last name (preferably in spreadsheet form) to [eldservices@sadd.org](mailto:eldservices@sadd.org).