



# Chapter Registration Form

Joining SADD means joining hundreds of thousands of young people across the country who are dedicated to saving lives and making positive, healthy decisions. Once you send in this form, we will send you a packet of appropriate information along with your SADD Membership Certificate. It is very important for chapters to register with the SADD National office every year. Register online at [sadd.org](http://sadd.org) or fill out this form completely and then fax or mail it to

**SADD, Inc., 255 Main Street, Marlborough, MA 01752 Fax: 508-481-5759**

**Select one:**  Brand New Chapter Registration  Chapter Renewal

Date: \_\_\_\_\_

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

**Check all that apply:**

- |                                     |   |                                      |                                  |
|-------------------------------------|---|--------------------------------------|----------------------------------|
| <input type="checkbox"/> School     | <input type="checkbox"/> Community Center | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Private |
| <input type="checkbox"/> Elementary | <input type="checkbox"/> Middle           | <input type="checkbox"/> High        | <input type="checkbox"/> Public  |
| <input type="checkbox"/> Urban      | <input type="checkbox"/> Suburban         | <input type="checkbox"/> Rural       | <input type="checkbox"/> College |

Number of Active Members: \_\_\_\_\_ School Population: \_\_\_\_\_

Grade Levels: \_\_\_\_\_ Year SADD Started: \_\_\_\_\_

**Principal or Director Name:** \_\_\_\_\_

School Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Shipping Address (No P.O. Box): \_\_\_\_\_

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

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

School Web Site: \_\_\_\_\_ County: \_\_\_\_\_

**SADD Advisor:** \_\_\_\_\_

- Title:  Teacher  Counselor  Coach  Nurse  Law Enforcement Officer  
 Parent  Clergy  Community Leader  Other \_\_\_\_\_

Advisor Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Advisor Home Address (No P.O. Box): \_\_\_\_\_

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

Advisor E-mail (required): \_\_\_\_\_

**Additional SADD Advisor:** \_\_\_\_\_

- Title:  Teacher  Counselor  Coach  Nurse  Law Enforcement Officer  
 Parent  Clergy  Community Leader  Other \_\_\_\_\_

Advisor Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Advisor Home Address (No P.O. Box): \_\_\_\_\_

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

Advisor E-mail (required): \_\_\_\_\_

**Chapter President:** \_\_\_\_\_

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

**How Did You Hear About SADD?**  Web site  Newsletter  Other \_\_\_\_\_