



Annual Chapter Registration Form

Please fill out this form completely and legibly including chapter member information on page 2 and email it to the SADD national office at info@sadd.org or mail to SADD, 201 Boston Post Road W, Marlborough, MA 01752.

Once the form is received and your chapter is officially registered by the SADD national office, your advisor and any other email contacts listed here will receive a welcome email packed with information and resources to get your chapter going and running all year long. Advisors and students on record also receive the SADDvocate, a monthly newsletter just for SADD Nation containing contests, national program opportunities, and highlights from other chapters around the country. Want to be in the SADDvocate? Send us photos and videos of the great things you are doing in your community!

Select one: Brand New Chapter Registration Chapter Renewal

SADD Chapter Name: _____

Please note all chapters must use SADD in their name to be considered an official chapter.

Where is your chapter based? Grade Level Community Type School Type

- | | | | |
|---|-------------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> School | <input type="checkbox"/> Elementary | <input type="checkbox"/> Urban | <input type="checkbox"/> Private |
| <input type="checkbox"/> Community Center | <input type="checkbox"/> Middle | <input type="checkbox"/> Suburban | <input type="checkbox"/> Public |
| | <input type="checkbox"/> High | <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. Boxes): _____

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. Boxes): _____

City: _____ State: _____ Zip: _____

Advisor E-mail (required): _____

Chapter President: _____

Chapter President E-mail: _____

How Did You Hear About SADD?: Web site Newsletter Other _____

Visit SADD.org or our social media pages to keep up with all things SADD!



