



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. This valuable information allows us to share important news and opportunities with you. It also gives us critical data about the SADD network that helps us draw attention to the issues we care about and support our requests for funding.

When you send it in this form, we'll mail you a SADD Certificate of Chapter Recognition (suitable for framing!) for the current school year along with a free gift! Please allow up to four weeks to receive your certificate and gift. If you're a new SADD chapter, there's no need to wait to receive your certificate to get started – go ahead and recruit members, plan activities, and check out the resources on our sadd.org website! If you have this form open on the computer, you may type directly into the fields below and then print it out. Otherwise, please print legibly and then fax or mail it to us - or fill out the form online at www.sadd.org/chapterreg.htm. Thank you for helping us keep the SADD network strong!

SADD, INC., 255 MAIN ST, MARLBOROUGH, MA 01752 | PHONE: 1-877-SADD-INC | FAX: 508-481-5759

Select one:

New Chapter Registration

Chapter Renewal/Annual Update

Please indicate where your SADD chapter is based:

SCHOOL-BASED		
Is this a	Public or	Private School?
High School		College
Middle School		Elementary School
Other:		

COMMUNITY-BASED	
Community Coalition	Community Center
Church/Synagogue	Boys & Girls Club/Y
Non-Profit Agency	City/County Agency
Other:	

Chapter Data

SADD Chapter Name (if other than "Your School SADD") _____

Name of School/Place SADD Chapter is Based: _____

School/Base Mailing Address: _____

City: _____ State: _____ Zip: _____ County: _____

Phone (Main Number) _____ Fax: _____

Website: _____

Number of Active Students in SADD Chapter: _____ 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*: _____

** As a convenience, advisors will be signed up to receive The SADDvocate, our monthly e-newsletter. You may unsubscribe at any time. We would also like SADD students, **especially chapter officers**, to sign up for The SADDvocate to keep up on the latest news. They can easily do this on the sadd.org homepage, or you may send a list of SADD students (preferably in spreadsheet form, with columns for first name, last name, and e-mail address) to fieldservices@sadd.org.*