



Chapter Registration Form

Joining SADD means joining young people and adults across Indiana and the nation who are dedicated to making good, healthy decisions. When registered, schools receive newsletters, monthly emails and other free resources from Indiana SADD. It is important for SADD chapters to register each year for Indiana SADD to be able to serve chapters as effectively as possible. Please fill out this form and mail or fax it to:

Indiana SADD, 401 N. Plum St., Union City, IN 47390 Fax: 765.964.SADD

Online Registration is also available at www.indianasadd.org.

Date: _____

School or Organization Name: _____

Prevention Program (circle): SADD PRIDE Student Council NHS Other _____

Circle all that apply:

School	Community Center	Other _____
Elementary	Middle	High
Urban	Suburban	Rural
Private	Public	College

Number of Active Members _____ School Population _____

Grade Levels _____ Year SADD Started _____

Advisor Name _____

Title (circle): Teacher Counselor Coach Nurse
Parent Clergy Other _____

Advisor Email _____

School Address _____

City _____ Zip _____ County _____

Principal or Director Name _____

Does your school have a safety belt policy within the Student Handbook? YES NO