



CHAPTER CHARTER APPLICATION

School Name _____

City / State _____

Advisor Name _____

Advisor Title _____

Certificate Expiration: I understand that the Charter Issue expires each September 01 regardless of the date of issue. It shall be the responsibility of the Charter Advisor to renew the charter annually. ADDA will attempt to notify each school prior to the expiration date. The charter renewal fee will be listed in the renewal letter or posted on the ADDA Website www.adda.org

Initial _____ Date _____

Are you an Instructor? Yes No Does your school have ADDA Certified Curriculum? Yes No Has your school had an ADDA Student Chapter before? Yes No Enter Charter # or Year _____Is the Advisor currently a Member of ADDA Yes No Enter Membership Number _____Is the Advisor a Certified Drafter? Yes No Are you a Member of an ADDA Council? Yes No

School Street Address (req'd) _____ P.O. Box _____

City _____ State _____ Zip _____

Telephone _____ Fax _____ School Website _____

Exact Name to be on Charter _____

Charter Level High School Technical School 2yr College University

Does this school offer the following for completing drafting or design program?

Division 1 (Certificate) Division 2 (Diploma) Division 3 (Degree)

Administrator or Department Head Name _____

Initial Charter Fee \$75.00 Payable in U.S. Funds to ADDA Payable by Check—Money Order—Credit Card—Purchase Order.

Applications and Payments must be received by ADDA 30 Days prior to Charter Issue.

Yearly Renewal Fee \$25.00 Please use ADDA Student Chapter Renewal Application

Authorizing Signature:_____
Date

We the duly Elected Officers and Advisor to the Student Chapter at the above named school, do hereby apply for an ADDA Student Chapter Charter. We also agree to conform to the articles contained in the most recent Student Chapter Constitution and By-Laws of the American Design Drafting Association and the ADDA Code of Ethics.

Officer	Print Name	Signature	Date
President	_____	_____	_____
Vice President	_____	_____	_____
Secretary	_____	_____	_____
Treasurer	_____	_____	_____

ADDA allows no exceptions to the above conditions except where outlined under the ADDA Constitution & By-Laws..

Mail to: ADDA, 105 East Main Street Newbern, TN 38059 Phone 731-627-0802 Fax 731-627-9321 E-mail: corporate@adda.org