



CHAPTER RENEWAL 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 Is your school currently an ADDA Student Chapter? Yes No Enter Charter # or Year _____Is the Current Advisor currently a Member of ADDA Yes No Enter Your Membership Number _____Is the Advisor a Certified Drafter? Yes No Are you a Member of an ADDA Council? Yes No

All members of the Student Chapter Must be members of ADDA.

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

City _____ State _____ Zip _____

Telephone _____ Fax _____ School Website _____

Chapter Name on Current Charter _____

Renewing Chapter 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-Lays 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