



# American Design Drafting Association Application for Student Chapter Charter

## STUDENT CHAPTER CHARTER APPLICATION

**Instructions:** *Print or type information. Be sure all information is legible. Incomplete forms will be returned.*

**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](http://www.adda.org)

Initial \_\_\_\_\_ Date \_\_\_\_\_

Charter Advisor \_\_\_\_\_ Title \_\_\_\_\_

**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** \_\_\_\_\_

**Are you a Certified Drafter?** Yes  No  **Are you a Member of an ADDA Council?** Yes  No

**Is Advisor a Member of ADDA?** Yes  No  **Enter Your Membership Number** \_\_\_\_\_

**School Name** \_\_\_\_\_

**Street (req'd)** \_\_\_\_\_ **P.O. Box** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Telephone** \_\_\_\_\_ **Fax** \_\_\_\_\_

**School Website** \_\_\_\_\_

**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, MO, MC, VISA, or AmEx.

**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](mailto:corporate@adda.org)