

American Design Drafting Association International  
**APPLICATION for PROFESSIONAL COUNCIL CHARTER**

Proposed Council Name \_\_\_\_\_

Council Mailing Address \_\_\_\_\_

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

Council Location if other than U.S. \_\_\_\_\_

Primary Council Contact \_\_\_\_\_

Contact mailing Address \_\_\_\_\_

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

By submission of this application for a Professional Council Charter, we the undersigned understand that professional membership is required in the American Design Drafting Association at the appropriate fees, plus any applicable council fees and out of country fees as they may apply.

Upon issuance of a Council Charter we the undersigned understand that membership is subject to the Policies and Procedures of the American Design Drafting Association's Constitution and By-Laws and any Policies and Procedures that are adopted by the Local Professional Council.

**PROFESSIONAL COUNCIL OFFICERS**

President Name \_\_\_\_\_ Vice President Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

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

Email \_\_\_\_\_ Email \_\_\_\_\_

Secretary Name \_\_\_\_\_ Treasurer Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

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

Email \_\_\_\_\_ Email \_\_\_\_\_

**PROFESSIONAL COUNCIL MEMBERS**

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

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

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

Email \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

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

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

Email \_\_\_\_\_

Email \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

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

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Email \_\_\_\_\_

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Email \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

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

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

Email \_\_\_\_\_

Email \_\_\_\_\_

**NOTE:** Please provide a fully completed application and correct payment for each applicant submitted as a charter member of the above listed Professional Council  
*Duplicate this page as required for additional member listings.*

# MISSION STATEMENT of PROFESSIONAL COUNCIL

Please provide the mission statement for the proposed council charter below.

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**As a Professional Council of the American Design Drafting Association , we the undersigned have agreed to the provisions set forth by the International Board of Directors & agree to abide by these provisions. We also pledge to guide, direct and assure the quality of the Design Drafting Profession through the Professional Council, its members present & future and to follow the directives of the ADDA.**

**Amount of Council Fees Established by the Council \$ \_\_\_\_\_**

**The following documents were received as part of the council application package.**

\_\_\_\_\_ **Council By-Laws**  
Pres. Initials

\_\_\_\_\_ **Council Agreement**  
Pres. Initials

**To complete the application process the following document must be returned.**

- ADDA International Membership Applications and Payment for each Charter Member (as applicable)
- ADDA Professional Council Membership Applications and Payment for each member.
- Original Signed Professional Council Charter Agreement (sign in Blue Ink)
- Original Signed Application for Professional Council Charter (sign in Blue Ink)

**Upon submission of these documents, membership will be processed and council fees will be held until Charter is officially granted and a financial institution has been determined for the council. Please allow 4 to 6 weeks for the documents to be approved by the Chapter and Council Committee. The corporate office will notify the primary contact upon approval.**

President Name \_\_\_\_\_ Vice President Name \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_

Secretary Name \_\_\_\_\_ Treasurer Name \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

Date \_\_\_\_\_ Date \_\_\_\_\_