



FLORIDA SADD  
Chapter Registration/Renewal Form

ADVISOR: \_\_\_\_\_

NEW ADVISOR? YES/NO \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_ COUNTY: \_\_\_\_\_

PRINCIPAL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY ZIP CODE

PHONE #: (\_\_\_\_\_) \_\_\_\_\_ FAX #: (\_\_\_\_\_) \_\_\_\_\_

MIDDLE, HIGH, OR OTHER SCHOOL? \_\_\_\_\_

URBAN, SUBURBAN, OR RURAL SCHOOL? \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

SCHOOL ENROLLMENT: \_\_\_\_\_ # OF SADD MEMBERS: \_\_\_\_\_

By completing this Registration/Renewal form, I certify that any campaign materials and other resources provided by FLORIDA SADD will be distributed to students for traffic safety events/activities at my school & community.

Mail form to:

FLORIDA SADD

TALLAHASSEE COMMUNITY COLLEGE

444 APLEYARD DRIVE  
TALLAHASSEE, FL 32304-2895  
**FAX: 850-414-1968**

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OFFICE USE ONLY

DATE RECEIVED \_\_\_\_\_

\_\_\_\_\_ Data Entered

\_\_\_\_\_ Added to E-mail List

\_\_\_\_\_ Sent to National

\_\_\_\_\_ Starter Kit Sent (if applicable)