



SADD CHAPTER REGISTRATION FORM 2021-22 School Year

Please consider joining with us to help save lives and reduce injuries. Your SADD organization is continually working to offer effective and fun ways to make a difference.

School: _____

Address: _____

City: _____ Postal Code: _____

Phone: _____ Fax: _____

Email: _____

Renewal or New (was not a chapter last year): R N (please circle one)

SADD Student President(s)

Name(s): _____

E-Mail(s): _____

Adult Advisor(s)

Name(s): _____

E-Mail(s): _____

Advisor Pins Needed: _____ (Please don't order if you have pins from previous years)

Mail this form with \$25 cheque to

SADD SASKATCHEWAN 201 1275 BROAD STREET REGINA, SASKATCHEWAN S4 1Y2

PH: (306) 757-5562 FAX: (306) 757-5569 E-MAIL: sad@sasktel.net

www.saddsask.ca

*Start the registration process online by visiting
<http://www.registerchapter.ca>
and filling out the form provided!*