

# Application for ACDA Student Chapter Status



Date: \_\_\_\_\_

Name of School: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Chapter Advisor: \_\_\_\_\_

Member #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Phone Number:

Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_

Chapter President: \_\_\_\_\_

Member #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Email: \_\_\_\_\_

Number of Members: \_\_\_\_\_

Brief Plan of Chapter Activities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signed - Chapter Advisor: \_\_\_\_\_

Signed - Chapter President: \_\_\_\_\_

Complete and mail to:

Membership and Communications Coordinator

545 Couch Drive,

Oklahoma City, OK 73102

Phone: 405-232-8161, ext. 110

Fax: 405-232-8162

Email: [membership@acda.org](mailto:membership@acda.org)