



Resist Chapter Application Form

School / Organization Name:

Name of Group (if applicable, e.g. SADD, HOSA):

Today's Date:

MM/DD/YEAR

School or Community Organization?

School

**Community
Organization**

How did you hear about Resist?

Address (Where you would like to receive Resist materials):

Street Address

City

State/Province

Postal/Zip Code

Country/Region



Adult Advisor Contact Info:

Name, First and Last

Phone #

E-mail Address

Youth Leader Contact Info:

Name, First and Last

Phone #

E-mail Address

Resist Members names, e-mails and t-shirt sizes:

Name	E-mail/Phone #	T-shirt size

Please write a description (3-5 sentences) about your group.

If your Chapter has any social media platforms (ie. Twitter, Facebook, Instagram) please list your handles so we can connect with you.

Does your school/organization have a photo release policy? (If you answer no, you will need to submit a photo release to Resist staff for everyone involved in your Chapter.)

YES

NO

FOR SCHOOLS ONLY: Did you get approval from your school principal to be a Resist Chapter?

Electronic Signature of adult advisor (enter full name as electronic signature):

****After all required fields are filled out, please e-mail this PDF document to jordan.roberts@ks.gov. You will receive a package in the mail full of Resist swag and tobacco prevention information to help kick off your newly formed Resist Chapter!****

