



National Triad Update

Is your contact information correct? We maintain primary contact information and SALT Council information.

Please take a few moments to send this form back to us TODAY!

TRIAD NAME: _____
PRIMARY CONTACT NAME + TITLE: _____ **
STREET ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE NUMBER(S): _____
FAX NUMBER: _____
EMAIL ADDRESS: _____ **
DATE TRIAD AGREEMENT SIGNED: _____

How many SALT Councils make up your Triad? _____

Describe current Triad programs/activities (attach separate sheet if necessary): _____

What was the most difficult challenge faced by your Triad last year? _____

*Please list the names, phone numbers and **email addresses** of primary SALT Council contacts:
(If your Triad is made up of more than one SALT Council, please complete this page for **EACH SALT Council**)*

SALT COUNCIL NAME (if different from Triad name): _____
NAME + TITLE: _____
STREET ADDRESS: _____
CITY, STATE, ZIP: _____
PHONE NUMBER(S): _____
FAX NUMBER: _____
EMAIL ADDRESS: _____

How many members does your SALT Council have? _____

On average, how many members attend SALT Council meetings? _____

How often does your SALT Council meet? _____

Comments: _____

Thank you for completing this Triad update. Please email, fax or mail it to us at:

National Association of Triads

1450 Duke Street

Alexandria, VA 22314

Fax: 703.838.5349

Email: kbarksdale@sheriffs.org