

REGION 3 ASSOCIATE MEMBER APPLICATION

Personal Data

Name: _____ Email: _____

Member #: _____ Chapter/Region: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone _____ Work Phone _____

Sweet Adelines Membership Data

1. What year, and with what chapter did you first join Sweet Adelines?

2. List other chapter affiliations since that time and reason for transfer.

Service (within the last 10 years)

1. Chapter positions held:

<input type="checkbox"/> Board/Team Member	<input type="checkbox"/> Communications	<input type="checkbox"/> Music Staff
<input type="checkbox"/> Show Chair/Committee	<input type="checkbox"/> President/Team Leader	<input type="checkbox"/> Secretary
<input type="checkbox"/> Director	<input type="checkbox"/> Publicity/Marketing	<input type="checkbox"/> Treasurer
<input type="checkbox"/> Membership	<input type="checkbox"/> Other (specify) _____	

2. Regional positions held:

<input type="checkbox"/> Convention Chair	<input type="checkbox"/> Education Coordinator	<input type="checkbox"/> Director's Coordinator
<input type="checkbox"/> Team Coordinator	<input type="checkbox"/> Faculty	<input type="checkbox"/> Secretary
<input type="checkbox"/> Events Coordinator	<input type="checkbox"/> Finance Coordinator	<input type="checkbox"/> Coach
<input type="checkbox"/> Communication Coord.	<input type="checkbox"/> Chapter Coordinator	<input type="checkbox"/> Membership Coordinator
	<input type="checkbox"/> Events Coordinator	<input type="checkbox"/> Marketing Coordinator
<input type="checkbox"/> Other (specify) _____		

3. International positions held:

<input type="checkbox"/> Arranger	<input type="checkbox"/> Committee Chair	<input type="checkbox"/> Committee Member
<input type="checkbox"/> Faculty	<input type="checkbox"/> Judge	<input type="checkbox"/> Panel Secretary
<input type="checkbox"/> Other (please list): _____		

4. List other regional/international committees or activities you have served on:

5. International Program Membership or Completion:

_____ Arrangers _____ DCP _____ Faculty _____ Judging

Regional/International Activities Attended

Indicate participation and number of times within the last 5 years

Regional Competition _____ Regional Music Schools _____

Regional Leadership Schools _____ Other (specify) _____

International Competition _____ IES _____

Educational/Employment Data

Education/Training and/or Community Affiliations:

Employment History

In 50 words or less, tell why you would like to be on the Regional Management Team.

Position(s) Desired

Please rank the following Associate member positions you are interested in holding
(1=highest priority)

ONE YEAR TERM:

_____ Directors' Coordinator

_____ Events Coordinator

_____ Finance Coordinator

_____ Marketing Coordinator

_____ Communications Coordinator

_____ Education Coordinator

_____ Membership Coordinator

_____ Team Coordinator

References

Please list three references, those who know you well enough to verify your qualifications.

These may be Sweet Adeline members or personal references who are NOT members of Sweet Adelines International.

NOTE: References may NOT be members of the Executive Board of Sweet Adelines Int'l or current members of the Region 3 Regional Management Team or immediate family members.

Name: _____
Address: _____
City/State/Zip/Country: _____
Phone: _____
Email: _____
How I Know This Person: _____

Name: _____
Address: _____
City/State/Zip/Country: _____
Phone: _____
Email: _____
How I Know This Person: _____

Name: _____
Address: _____
City/State/Zip/Country: _____
Phone: _____
Email: _____
How I Know This Person: _____

Send application to:

Joan Rettig at
jaesings4part@gmail.com