REGION 3 MANAGEMENT TEAM APPLICATION

Pei	rsonal Data:			
Na	me:	Email:		
Me	ember #: Chapter/Re	gion:		
Ad	dress:			
Cit	y, State, Zip:		_	
Home Phone:		Cell Phone	Work Phone	
Sw	eet Adelines Membership D	<u>ata</u>		
1.	What year, and with what ch	apter did you first join Sweet	Adelines?	
2.	List other chapter affiliations since that time and reason for transfer.			
Sei	rvice (within the last 10 year	<u>s)</u>		
1.	Chapter positions held:			
	☐ Board/Team Member☐ Show Chair/Committee☐ Director☐ Membership	☐ Communications ☐ President/Team Lo ☐ Publicity/Marketin ☐ Other (specify)	ng \Box	Music Staff Secretary Treasurer
2.	Regional positions held:			
	Convention Chair Bulletin Editor Team Coordinator Events Coordinator Communication Coord. Other (specify)	☐ Education Coordinator ☐ Faculty ☐ Finance Coordinator ☐ Chapter Coordinator ☐ Events Coordinator	Secretar Coach Member Marketin	rship Coordinator ng Coordinator
3.	International positions held:			
	Arranger Faculty Other (please list):	☐ Committee Chair ☐ Judge	Panel Sec	ee Member cretary
4.	List other regional/international committees or activities you have served on:			
5.	International Program Memb	pership DCP Faculty	Judgi	ng

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 Regional Coordinator positions you are interested in holding (1=highest priority) ODD YEARS (Term begins May 2025): EVEN YEARS (Term begins May 2026): Directors' Coordinator **Communications Coordinator Events Coordinator Education Coordinator** Finance Coordinator _____ Membership Coordinator _____ Marketing Coordinator **Team Coordinator ANNUAL APPOINTMENT:**

___ Secretary

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:

Marge Zimmerman at raymar1851@live.com