

## REGION 3 MANAGEMENT TEAM 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"/> Bulletin Editor       | <input type="checkbox"/> Faculty               | <input type="checkbox"/> Secretary              |
| <input type="checkbox"/> Team Coordinator      | <input type="checkbox"/> Finance Coordinator   | <input type="checkbox"/> Coach                  |
| <input type="checkbox"/> Events Coordinator    | <input type="checkbox"/> Chapter Coordinator   | <input type="checkbox"/> Membership Coordinator |
| <input type="checkbox"/> Communication Coord.  | <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

\_\_\_\_\_ 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 Regional Coordinator positions you are interested in holding (1=highest priority)

**ODD YEARS (Term begins May 2023): EVEN YEARS (Term begins May 2024):**

- |                              |                                  |
|------------------------------|----------------------------------|
| _____ 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: \_\_\_\_\_  
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City/State/Zip/Country: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_  
How I Know This Person: \_\_\_\_\_

**Send application to:**

Becky McDuffee  
505 S. Draper Ave., Champaign, IL 61821  
becky.mcduffee@gmail.com