Personal Data:					
Name:					
Member #: Chapter/Region:					
Address:					
City, State, Zip:					
Home Phone: Cell Phone Work Phone					
Fax (if applicable): Email:					
Sweet Adelines Membership Da	nt <u>a</u>				
Chapter Affiliation					
1. What year, and with what chapter did you first join Sweet Adelines?					
2. List other chapter affiliations	. List other chapter affiliations since that time and reason for transfer.				
Service (within the last 10 years)					
1. Chapter positions held:					
Board/Team Member	Communications	Music Staff			
Show Chair/Committee	<ul> <li>President/Team Leader</li> <li>Publicity/Marketing</li> </ul>	Secretary Treasurer			
Membership					
·					
2. Regional positions held:					
Convention Chair	Education Coordinator				
Voices Editor	Faculty	$\Box$ EDC Staff			
Team Coordinator	Finance Coordinator Chapter Coordinator	Coach Membership Coordinator			
	Events Coordinator	Marketing Coordinator			
Other (specify)					
3. International positions held:					
Arranger	Committee Chair	Committee Member			
Faculty	Judge	Panel Secretary			
Other (please list):					

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

Re	gional/International Activities Attended	
Inc	licate participation and number of times within the last 5 years	
	Regional CompetitionRegional Music SchoolsRegional Leadership SchoolsOther (specify)International CompetitionIES	
5.	International Program Membership	
6.	Skills and experience	
•	<u>Computer</u>	
•	<ul> <li>Database</li> <li>Desktop Publishing</li> <li>Financial Software</li> <li>Graphic Design</li> <li>Presentations</li> </ul> Operating System: <ul> <li>MAC</li> <li>PC (e.g., Windows XP, Vista, 7)</li> <li>Other Computer Skills (please explain)</li> </ul> Administrative	<ul> <li>Excel</li> <li>MS Word or other Word processing</li> </ul>
	Clerical/secretarial Correspondence Mailing Service Other (please explain)	

## **Educational/Employment Data**

Education/Training and/or Community Affiliations:

**Employment History** 

In 50 words or less, tell why you would like to be Regional Management Team 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 Int'l.

Name:	
Address:	
City/State/Zip/Country:	
Phone:	
Email:	
Name:	
Address:	
City/State/Zip/Country:	
Phone:	
Email:	
Name:	
Address:	
City/State/Zip/Country:	
Phone:	
Email:	

Mail application to:	Becky McDuffee
	505 S. Draper Ave.
	Champaign, IL 61821

Or e-mail to: becky.mduffee@gmail.com