

Personal Data:

Name: _____

Member #: _____ Chapter/Region: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone _____ Work Phone _____

Fax (if applicable): _____ Email: _____

Sweet Adelines Membership Data

Chapter Affiliation

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"/> Voices Editor | <input type="checkbox"/> Faculty | <input type="checkbox"/> EDC Staff |
| <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"/> CTC | <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:

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: _____
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City/State/Zip/Country: _____
Phone: _____
Email: _____

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

**Mail application to: Becky McDuffee
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Champaign, IL 61821**

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