

# Director Certification Program Application

Chapter Name \_\_\_\_\_ Chapter # \_\_\_\_\_ Region \_\_\_\_\_

Name \_\_\_\_\_ Membership # \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_ Alternate Phone \_\_\_\_\_

\_\_\_\_\_ Zip \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

## Current Sweet Adelines International Title/Position

Director/Co-director Chapter Name \_\_\_\_\_

Associate/Assistant Director Chapter Name \_\_\_\_\_

Candidate Chapter Name \_\_\_\_\_

## Sweet Adelines International Membership Data

Year joined Sweet Adelines International: \_\_\_\_\_ Has your affiliation been continuous? \_\_\_\_\_

Please list former chapter(s) and region(s): \_\_\_\_\_

## Sweet Adelines International Experience

- Chorus Director/Co-director
- Associate/Assistant Director
- Section Leader
- Regional Leader
- Arranger
- Other \_\_\_\_\_

- International Faculty
- Judge (\_\_\_\_\_ Category)
- Quartet Member
- Quartet Coach
- Chorus Coach

## Musical Background

Formal education: \_\_\_\_\_

Other musical training: \_\_\_\_\_

Barbershop experience outside Sweet Adelines International: \_\_\_\_\_

Please list membership in other musical organizations (e.g., MENC, ACDA, NATS): \_\_\_\_\_

