

REGIONAL MANAGEMENT TEAM Application

Date rec'd _____

Name	_____	Chapter	_____
Member #	_____	Home Phone	_____
Address	_____	Work Phone	_____
City	_____	FAX	_____
State/Zip	_____	E-mail	_____

Which RMT position(s) are you interested in? _____

Sweet Adelines International Membership Data

How long have you been a member of Sweet Adelines? _____

Chapter Board or Team positions held (within past 10 years): _____

Other chapter positions/chairmanships/committees: _____

Regional Positions held: _____

International Positions held: _____

Sweet Adelines Activities

How many International conventions have you attended? _____ Years: _____

How many Regional competitions have you attended/in what capacity? Competing _____ Hostessing _____ Audience _____

What International educational events have you attended (list event & specific year _____)

Education/Employment Data

List education/training: _____

Currently employed? Yes ___ No ___ Full-time ___ Part-time ___ Current/past occupation: _____

Qualification Profile

List your skills, strengths, or experience that would be valuable to Region 21:

___ Accounting/Bookkeeping	___ Computer Skills	___ Legal/Paralegal	___ Secretarial
___ Advertising/Marketing	___ Contract Writing	___ Insurance	___ Workshop Planning
___ Graphic Design/DTP	___ Events/Convention Planning	___ Motivational Speaker	___ Writing Articles
___ Financial management	___ Database Mgmt.	___ Other: _____	

Name _____

List some of your accomplishments and contributions to the region over the past 2 years _____

What strengths would you bring to the RMT position (why are you a good candidate)? _____

What specific goals do you hope to accomplish if you are selected for the Regional Management Team? (For example, if you want to improve communication, HOW would you propose doing that?)

Each RMT member is expected to attend all RMT meetings. Any RMT member absent from two (2) meetings in one fiscal year, regardless of cause, shall be expected to tender her resignation. Each potential nominee must agree to comply with this attendance requirement at the time her qualifications are submitted to the Regional Nominating Committee.

References

Please list references (not necessarily Sweet Adelines) who know you well enough to verify your qualifications. The RMT and/or Nominating Committee may elect to contact additional references.

1. Name _____ Phone _____

Address _____ City/State/Zip _____

E-mail _____

2. Name _____ Phone _____

Address _____ City/State/Zip _____

E-mail _____

3. Name _____ Phone _____

Address _____ City/State/Zip _____

E-mail _____

4. Chorus President _____ Phone _____

Address _____ City/State/Zip _____

E-mail _____

5. Chorus Director _____ Phone _____

Address _____ City/State/Zip _____

E-mail _____

Please return form and a recent photo of yourself to the Nominating Chair, Adelina Dudda (adelinad@gmail.com) OR

Adelina Dudda
9 Corte La Cereza
San Clemente, CA 92673

Deadline for receipt of applications: August 30, 2011