

APPLICATION FOR NEW MEMBER or TRANSFER OF CHAPTER MEMBER

SWEET ADELINES INTERNATIONAL

9110 S. Toledo Ave. Tulsa, OK 74137 U.S.A. or Fax: 918.665.0894

*****FUNDS MUST ACCOMPANY FORM TO BE PROCESSED*****

Chapter Name	Number	International Dues			
		Quantity	Category	Amount	Amount Paid
Submitted by:			Member	100.00	
I certify that the persons listed have met all the membership requirements as stated in the Sweet Adelines International Corporate Bylaws, and have been accepted for membership.			Associate	100.00	
			Satellite	50.00	
Chapter Officer Signature Member ID			Youth (Must be 25 or under at join date)	50.00	
			Transfer	- 0 -	
For Headquarters Use Only Staff Date			3 Yr Multiyear (10% DIS)	270.00	
			5 Yr Multiyear (20% DIS)	400.00	
			10 Yr Multiyear (30% DIS)	700.00	
			Lifetime Member	1600.00	

Enclose one check for all OR provide credit card number and expiration date.
We accept debit cards, Visa, MasterCard and Discover credit cards.

TOTAL AMOUNT DUE
(U.S. Funds only)

Credit Card No.

Expiration Date:

INTERNATIONAL DUES ARE NOT REFUNDABLE

Name <small>Last, First, Middle Initial</small>	Address	Member Category				Member Number <small>(if former member, please list)</small>
	City	New	Youth	Transfer	Reinst	
	State/province	Birthdate (M/D/Year)				
Referred By:	Zip/postal code					Amount paid
	Country					

Email	Daytime Phone (include area/country/city code)	Cell
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Name <small>Last, First, Middle Initial</small>	Address	Member Category				Member Number <small>(if former member, please list)</small>
	City	New	Youth	Transfer	Reinst	
	State/province	Birthdate (M/D/Year)				
Referred By:	Zip/postal code					Amount Paid
	Country					

Email	Daytime Phone (include area/country/city code)	Cell
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Please submit forms via postal mail: 9110 S. Toledo Ave., Tulsa, OK 74137
or fax: 918.665.0894

Chapter Name					Number			
Name Last, First, Middle Initial	Address		Member Category New Youth Transfer Reinst				Member Number (if former member, please list)	
	City							
	State/province		Birthdate (M/D/Year)					
Referred By:	Zip/postal code					Amount paid		
	Country							
Email			Daytime Phone (include area/country/city code)			Cell		
Name Last, First, Middle Initial	Address		Member Category New Youth Transfer Reinst				Member Number (if former member, please list)	
	City							
	State/province		Birthdate (M/D/Year)					
Referred By:	Zip/postal code					Amount paid		
	Country							
Email			Daytime Phone (include area/country/city code)			Cell		
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