



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., NAFME, ACDA, NATS) _____

Sweet Adelines International Educational Background

How many regional/international competitions have you attended in the past five years as a: _____

- Competing chorus director Competing chorus member Spectator

Please list any international directors' seminars/regional training programs you have attended in the past 2 years:

Please list regional/international educational event(s) you have attended in the last 12 months:

Personal Goals

What do you hope to gain from enrollment in this program?

Signature _____ Date _____

Please complete and return this application to international headquarters, along with the **\$100 application fee** by check, money order (U.S. funds) payable to Sweet Adelines International or credit card. (This fee is non-refundable and non-transferrable.)

PLEASE NOTE: The application fee to enroll in the Director Certification Program **does not** include the DCP modules.

Please complete the following if using a credit card:

- VISA MasterCard Discover Card American Express

Card # _____ Expiration Date _____ Sec Code: _____

Billing Zip Code: _____ Signature _____

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918-622-1444 • 800-992-7464 • Fax 918-665-0894 • education@sweetadelines.com

For office use only			
Date processed: _____	<input type="checkbox"/> Director/Co-Director	<input type="checkbox"/> Associate/Assistant Director	<input type="checkbox"/> Candidate