

Arranger Certification Program Application

Name _____ Membership # _____

Chapter Name _____ Region # _____

Address _____ City/State _____

Zip _____ Fax _____ Email _____

Home Phone _____ Alternate Phone _____

Sweet Adelines International Experience

- | | |
|---|---|
| <input type="checkbox"/> Chorus Director/Co-director | <input type="checkbox"/> International Faculty |
| <input type="checkbox"/> Associate/Assistant Director | <input type="checkbox"/> Judge (Category - _____) |
| <input type="checkbox"/> Section Leader | <input type="checkbox"/> Quartet Member |
| <input type="checkbox"/> Regional Leader | <input type="checkbox"/> Quartet Coach |
| <input type="checkbox"/> Arranger | <input type="checkbox"/> Chorus Coach |
| <input type="checkbox"/> Other | |

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): _____

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. (This fee is non-refundable and non-transferrable.)

PLEASE NOTE: The application fee to enroll in the Arranger Certification Program **does not** include the Arranger Guide which can be purchased through SA sales.

For credit card sales please call rather than send card information through email.

Sweet Adelines International • 9110 S. Toledo Ave. • Tulsa, Oklahoma 74137
918-622-1444 • 800-992-7464 • Fax 918-665-0894 • education@sweetadelines.com

For office use only

Date processed: _____