

## **QUARTET PERSONNEL CHANGE**

MAIL OR FAX COMPLETED REGISTRATION FORM AND FEE

Sweet Adelines International Headquarters Attn: Quartet Registrar | 9110 S. Toledo Ave., Tulsa, OK 74137 | Fax: 1.918.388.8083

| QUARTET NAME |  |
|--------------|--|
| REGION       |  |

QUARTET ID \_\_\_\_\_ DATE \_\_\_\_\_

## NOTIFICATION MUST BE SENT TO MEMBER AFFECTED BY STATUS CHANGE PRIOR TO CHANGE TAKING PLACE.

\*Please submit form-containing information for <u>new members or position changes</u> ONLY.

| SA MEMBER ID: |
|---------------|
| REGION(S):    |
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| SA MEMBER ID: |
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Please submit a copy of this information to your region's Communications and Education Coordinators and to Sweet Adelines International Headquarters. All changes must be submitted in writing /email.

## ACKNOWLEDGEMENT OF QUARTET POLICIES

By signing and submitting this form to Sweet Adelines International, all quartet members acknowledge that they will abide by the policies of this organization in accordance with the information provided herein. International furnishes these policies to newly registered quartets.

Quartets are voluntary associations of members of Sweet Adelines International, and it is understood that no member has the legal right to force others to continue within the association should they choose not to do so.

Current Regional/Area Champion quartets, current WildCard quartets and current International Finalists quartets must retain at least three members of the quartet who competed when the ranking was achieved, in order to retain their ranking. A quartet which loses its ranking as a result of personnel changes, is not eligible to enter into the next Regional /International Quartet Semifinals.

## \* If you are competing in regional competition, please have your quartet personnel changes completed no later than 45 days prior to competition.

| Tenor Signature:       | Date: |
|------------------------|-------|
| Lead Signature:        | Date: |
| Baritone Signature:    | Date: |
| Bass Signature:        | Date: |
| New Contact Signature: | Date: |