

QUARTET RENEWAL FORM

QUARTET RENEWALS PROCESSED MAY 1 – JULY 31

All quartet registrations expire April 30 of each year. All quartets are subject to the same renewal deadline ending the fiscal year in which the registration takes place. Any quartet member may mail or fax renewal form. The \$125 USD quartet renewal fee cannot be prorated.

MAIL OR FAX COMPLETED RENEWAL FORM AND FEE

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

	Quartet ID:	
_	Quartet's Primary Region:	
Quartet Honors:		
	ears:	
□ International Semifinalist in the following years:		
 International Finalist in the following y 	/ears:	
International Champion in year:Quartet intends to enter the next Regional/Area Competition.		
Should your first name choice be unavailable, you will be notified by SA international headq within 1-2 business days.		
Quartet Name Choice #2:		
Quartet Name Choice #3:		
I. QUARTET PRIMARY CONTACT		
The following information must be provided in order to process your quartet's renewal.		
Please use the check box to note any ch	anges on this form.	
 The quartet primary contact has char 	nged.	
□ The quartet primary contact's informa	ation has changed.	
Name:	Phone:	
Email:		

City: _____ Country: ____ Country: ____

III.	QUARTET MEMBERS			
	□ TENOR PERSONNEL CHANGE			
	Tenor Name:	SA Member ID:		
	Chapter(s):	_ Region(s):		
	□ LEAD PERSONNEL CHANGE			
	Lead Name:			
	Chapter(s):	_Region(s):		
	□ BARITONE PERSONNEL CHANGE			
	Bari Name:	_ SA Member ID:		
	Chapter(s):	_ Region(s):		
	□ BASS PERSONNEL CHANGE			
	Bass Name:	SA Member ID:		
	Chapter(s):	_ Region(s):		
Г	available in the quartet name search database. If your quartet has been cancelled, please contact quartet@sweetadelines.com to renew your quartet. TOTAL PAYMENT DUE: \$125 USD			
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	Check Number: (Payable to Sweet Adelines International)			
	Credit Card: VISA MASTERCARD DISCOVER	_ AMERICAN EXPRESS		
	Card Number:	_Expiration Date:/		
	CVV (Security Code): Billing zip code:			
	Cardholders Name (as provided on card):			
	Cardholders Signature:			
IV	ACKNOWLEDGMENT OF QUARTET POLICIES By signing and submitting this form to Sweet Adelines International, a abide by the policies of the organization in accordance with the informassociations of members of Sweet Adelines International, and it is unto force others to continue in the association when the other member Current Regional/Area Championship quartets, current Wild Card quartets must retain at least three (3) members of the quartet who contour to retain their ranking. A quartet that loses its ranking, as a result of processing the competition of the co	mation provided. Quartets are voluntary inderstood that no member has the legal right is may choose not to do so. artets, and current International Finalist is impeted when achieving this ranking in order personnel changes, is not eligible to enter the finals. Date:		
	Lead's Signature:			
	Baritone's Signature:	Date:		
	Bass's Signature:	Date:		