

## **Arranger Certification Program Application**

\_\_\_\_\_\_ Membership #\_\_\_\_\_

Chapter Name			Region #
Address		City/S	State
Zip	Fax		_Email
Home Phone		Altern	nate Phone
Sweet Adelines Internat	ional Experience		
Chorus Director/C Associate/Assistan Section Leader Regional Leader Arranger Other			International Faculty Judge (Category) Quartet Member Quartet Coach Chorus Coach
Musical Background			
Formal education:			
Other musical training: _			
	outside Sweet Adelines Interna		
Please list membership i	n other musical organizations	(e.g., NAfME, AC	CDA, NATS):
SignatureDate		Date	
payable to Sweet Adelin	es International, or by credit ca	ard (see below). FO	along with the \$100 USD application fee by check, money order ONLINE PAYMENTS: To pay online, please email our payment. (This fee is non-refundable and non-transferrable.)
	ONLY SUBMIT CRED		T VIA FAX, PHONE OR POSTAL MAIL
☐ Check Enclosed (Please make payable to Sweet Adelines International)		nt only acceptable vi	ia postal mail, fax or by phone.
	Card Number:		
	Expiration Date:		Security Code (CVV):
	Print Name:		

**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.