



Choosing Your Chapter Name

Now is the time to choose a chapter name. A chapter name enables you to do the following:

- ! Be identified in your community
- ! Gives you individuality in Sweet Adelines International
- ! Allows you to open bank accounts
- ! Complete state and federal tax requirements (if applicable)
- ! Conduct your business as a prospective chapter of Sweet Adelines International

There have been several instances in the past when prospective chapters chose their chapter name, only to find when they applied for charter that the name they had chosen was not acceptable/already in use. In order to avoid these occurrences, we are asking you to **make three choices** of a chapter name. Please give careful consideration to each of your choices since any of the choices could become your official chapter name. Each name should be different (different spellings do not count). The words “the” and “chorus” are not included in official registered names.

The following is found in the *Policy Book*. This policy should guide you in choosing your chapter name.

- ! A prospective chapter may not select a chorus name separate from its official chapter name.
- ! The choices submitted by the prospective chapter are approved by the Education Coordinator and the Marketing/Membership Coordinator.

INSTRUCTIONS TO PROSPECTIVE CHAPTER

Read the above information carefully. Turn the page and write your three name choices in order of preference, giving a brief explanation of each choice. **Return form to International Headquarters for processing.** An approved copy will be returned to you for your files.



Choosing Your Chapter Name

NAME CHOICE #1

Explanation: _____

NAME CHOICE #2

Explanation: _____

NAME CHOICE #3

Explanation: _____

CHECK APPROPRIATE BOX

NAME CHOICE #1

Membership Coordinator

APPROVAL DISAPPROVAL

Education Coordinator

APPROVAL DISAPPROVAL

NAME CHOICE #2

Membership Coordinator

APPROVAL DISAPPROVAL

Education Coordinator

APPROVAL DISAPPROVAL

NAME CHOICE #3

Membership Coordinator

APPROVAL DISAPPROVAL

Education Coordinator

APPROVAL DISAPPROVAL

**Membership Coordinator's
Signature**

**Education Coordinator's
Signature**

PROSPECTIVE CHAPTER IN _____
Location Region

Contact Name _____ Date _____

Address _____



Choosing Your Chapter Name

NAME CHOICE APPROVED _____

International Headquarters Membership Department

Date