



SWEET ADELINES
INTERNATIONAL

Membership Department

Request for Longevity Research

Information

Member ID: _____ Date: _____

Member Name: _____
Last *First* *M.I.*

Email _____
Address _____

- | | | | |
|------------------------------------|--------------------------------------|--|---|
| <input type="checkbox"/> Roster(s) | <input type="checkbox"/> Member ID | <input type="checkbox"/> Brochure | <input type="checkbox"/> Member Records |
| <input type="checkbox"/> Photo(s) | <input type="checkbox"/> Pitch Pipes | <input type="checkbox"/> Chapter Records | <input type="checkbox"/> Other |

Original
Enrollment

Chapter Name: _____ Year: _____

Previous Chapter: _____ Missing Years: _____

Description of Research Needed:

Additional Comments (Please note if you were an officer during previous years of membership or a charter member of a chorus):

Receipt of Request

Received By: _____ Date: _____

Please note that processing time for research can take up to three business days to complete.

Completion of Research

Completed By: _____

Records Available to

Complete Request: Yes No

Date of completion: _____