



Director Certification Program Application

Chapter Name _____ Chapter # _____ Region _____
Name _____ Membership # _____
Address _____ Home Phone _____
_____ Alternate Phone _____
Zip _____ Fax _____ Email _____

Current Sweet Adelines International Title/Position

☐ Director/Co-director Chapter Name _____
☐ Associate/Assistant Director Chapter Name _____
☐ Candidate Chapter Name _____

Sweet Adelines International Membership Data

Year joined Sweet Adelines International _____ Has your affiliation been continuous? _____
Please list former chapter(s) and region(s): _____

Sweet Adelines International Experience

<input type="checkbox"/> Chorus Director/Co-director	<input type="checkbox"/> International Faculty
<input type="checkbox"/> Associate/Assistant Director	<input type="checkbox"/> Judge (_____ Category)
<input type="checkbox"/> Section Leader	<input type="checkbox"/> Quartet Member
<input type="checkbox"/> Regional Leader	<input type="checkbox"/> Quartet Coach
<input type="checkbox"/> Arranger	<input type="checkbox"/> Chorus Coach
<input type="checkbox"/> Other _____	

Musical Background

Formal education: _____
Other musical training: _____
Barbershop experience outside Sweet Adelines International: _____
Please list membership in other musical organizations (e.g., NAFME, ACDA,
NATS): _____



Sweet Adelines International Educational Background

How many regional/international competitions have you attended in the past five years as a: _____

☐ Competing chorus director ☐ Competing chorus member ☐ Spectator

Please list any international directors' seminars/regional training programs you have attended in the past 2 years: _____

Please list regional/international educational event(s) you have attended in the last 12 months: _____

Personal Goals

What do you hope to gain from enrollment in this program? _____

Signature _____ Date _____

Please complete and return this application to international headquarters, along with the **\$100 USD application fee** by check, money order payable to Sweet Adelines International, or by credit card (see below). FOR ONLINE PAYMENTS: To pay online, please email education@sweetadelines.com to request an invoice to submit your payment. (This fee is non-refundable and non-transferrable.)

METHOD OF PAYMENT	
ONLY SUBMIT CREDIT CARD PAYMENT VIA FAX, PHONE OR POSTAL MAIL	
<input type="checkbox"/> Check Enclosed (Please make payable to Sweet Adelines International)	<input type="checkbox"/> Credit Card *CC payment only acceptable via postal mail, fax or by phone.
	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Card <input type="checkbox"/> Amex
	Card Number: _____
	Expiration Date: _____ Security Code (CVV): _____
	Print Name: _____
	Signature: _____

PLEASE NOTE: The application fee to enroll in the Director Certification Program **does not** include the DCP modules.

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