

Date _____

REQUEST FOR PROSPECTIVE STATUS

Please grant our group prospective status. We currently have _____ women interested in forming a chapter of Sweet Adelines International.

Rehearsal day and time: _____

City where group is located: _____

County where group is located: _____

State where group is located: _____

Country where group is located: _____

Are any of the women present or former members of Sweet Adelines International? If yes, please list the chapter(s) name and location. _____

Are you aware of any other Sweet Adelines International chapter(s) in the area? _____
If yes, what is the chapter name or location? _____

Summary of your group's activities: _____

Director's musical background: _____

Contact _____

Address _____

City _____

State _____

Postal Code _____

Country _____

E-mail _____

Home Phone _____

Alternate Phone _____

Fax _____

Director _____

Address _____

City _____

State _____

Postal Code _____

Country _____

E-mail _____

Home Phone _____

Alternate Phone _____

Fax _____

Include area or city code, home, work and fax numbers.

Please submit with your first \$25.00 charter fee installment to:

commdept@sweetadelineintl.org • fax 918-665-0894

Mastercard or Visa _____ Expire _____

OR you may mail with a check to:

Sweet Adelines International • P.O. Box 470168, Tulsa, OK, USA 74147-0168