

# 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

- Chorus Director/Co-director
- Associate/Assistant Director
- Section Leader
- Regional Leader
- Arranger
- Other \_\_\_\_\_
- International Faculty
- Judge (\_\_\_\_\_ Category)
- Quartet Member
- Quartet Coach
- Chorus Coach

## 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:

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

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## Personal Goals

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

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Signature \_\_\_\_\_ Date \_\_\_\_\_

Please complete and return this application to international headquarters, along with the **\$100 application fee** by check, money order (U.S. funds) payable to Sweet Adelines International or credit card. (This fee is non-refundable and non-transferrable.)

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

Please complete the following if using a credit card:

- VISA     MasterCard     Discover Card

Card #

Signature \_\_\_\_\_ Expiration Date \_\_\_\_\_

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918-622-1444 • 800-992-7464 • Fax 918-665-0894 • Internet: [sweetadelineintl.org](http://sweetadelineintl.org)

### For office use only

Date processed: \_\_\_\_\_  Director/Co-Director     Associate/Assistant Director     Candidate