APPLICATION FOR NEW MEMBER or TRANSFER OF CHAPTER MEMBER Sweet Adelines International

Email: member@sweetadelines.com or Mail: 9110 S. Toledo Ave, Tulsa, OK 74137 USA or Fax: 918.665.0894

FUNDS MUST ACCOMPANY FORM TO BE PROCESSED												
Chapter Name		International Dues										
			Cost	Men	nbership	Categor	y Qı	lantity	Amount Paid			
Submitted by:			\$100.00	Member	r							
I certify that the persons listed have met all the membership requirements as stated in the Sweet Adelines International Corporate Bylaws, and have been accepted for membership.		·	\$50.00	Satellite (Region 30)								
		\$50.00	Youth (Age 25 or younger at join date)			at						
			0.00	Transfer								
			\$270.00	3 Year Membership (not available for youth)								
Chapter Officer Signature Member ID												
			\$400.00	5 Year Membership								
			\$700.00	10 Year Membership								
Enclose one check for all OR provide credit card number and expiration We accept debit cards, Visa, Mastercard and Discover credit cards				TOTAL AMOUNT DUE (U.S. Funds only)								
Cardholder Name:					Expiration Date:							
Credit Card Number: 3 Digit Security Code:												
	INTERNATION	NAL DUI	ES ARE NC	DT REF	UNDAB	SLE						
Name	Address								mber Number er member, please list)			
City												
	State/province			Birthdate (M/D/Year)								
Referred By:	Zip/postal code	Zip/postal code						А	mount paid			
	Country											
Email Cell Phone				Home Phone			one					
Name	Address			New		r Categor Transfer			mber Number er member, please list)			
	City											
	State/province				Birthdate	(M/D/Y	ear)					
Referred By:	Zip/postal code					Amount Paid			mount Paid			
Country												
Email Cell Phone				Home Phone								
	PLEASE SUBMIT	T TO INTF	ERNATIONA	L HEAD(QUARTE	RS						
Email to <u>member@sweetadelines.com</u> or												
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Mail to 9110 S. Toledo Ave., Tulsa, OK 74137												

Chapter Name								
Name	Address		New	Membe Youth	r Category Transfer	Reinst	Member Number (if former member, please list)	
	City							
	State/province]	Birthdate	(M/D/Year)			
Referred By:	Zip/postal code						Amount paid	
	Country							
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Name	Address		New	Membe Youth	r Category Transfer	Reinst	Member Number (if former member, please list)	
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Name	Address		New	Membe Youth	r Category Transfer	Reinst	Member Number (if former member, please list)	
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	City							
	State/province		Birthdate		(M/D/Year)			
Referred By:	Zip/postal code						Amount paid	
	Country	Γ			1			
Email		Cell Phone			Home Phone			
Name	Address				er Category Transfer Reinst		Member Number (if former member, please list)	
	City							
	State/province]	Birthdate	(M/D/Year)			
Referred By:	Zip/postal code						Amount paid	
	Country							
Email		Cell Phone			Home Ph	one		