

REGIONAL MANAGEMENT TEAM Application

Date rec'd _____

Name _____ Chapter _____
 Member # _____ Home Phone _____
 Address _____ Work Phone _____
 City _____ FAX _____
 State/Zip _____ E-mail _____

Which RMT position(s) are you interested in? _____

Sweet Adelines International Membership Data

How long have you been a member of Sweet Adelines? _____

Chapter Board or Team positions held (within past 10 years): _____

Other chapter positions/chairmanships/committees: _____

Regional Positions held: _____

International Positions held: _____

Sweet Adelines Activities

How many International conventions have you attended? _____ Years: _____

How many Regional competitions have you attended/in what capacity? Competing _____ Hostessing _____ Audience _____

What International educational events have you attended (list event & specific year) _____

Education/Employment Data

List education/training: _____

Currently employed? Yes ___ No ___ Full-time ___ Part-time ___ Current/past occupation: _____

Qualification Profile

List your skills, strengths, or experience that would be valuable to Region 21:

___ Accounting/Bookkeeping ___ Computer Skills ___ Legal/Paralegal ___ Secretarial
 ___ Advertising/Marketing ___ Contract Writing ___ Insurance ___ Workshop Planning
 ___ Graphic Design/DTP ___ Events/Convention Planning ___ Motivational Speaker ___ Writing Articles
 ___ Financial management ___ Database Mgmt. ___ Other: _____

Name _____

List some of your accomplishments and contributions to the region over the past 2 years _____

What strengths would you bring to the RMT position (why are you a good candidate)? _____

What specific goals do you hope to accomplish if you are selected for the Regional Management Team? (For example, if you want to improve communication, HOW would you propose doing that?)

References

Please list references (not necessarily Sweet Adelines) who know you well enough to verify your qualifications. The RMT and/or Nominating Committee may elect to contact additional references.

1. Name _____ Phone _____

Address _____ City/State/Zip _____

E-mail _____

2. Name _____ Phone _____

Address _____ City/State/Zip _____

E-mail _____

3. Name _____ Phone _____

Address _____ City/State/Zip _____

E-mail _____

4. Chorus President _____ Phone _____

Address _____ City/State/Zip _____

E-mail _____

5. Chorus Director _____ Phone _____

Address _____ City/State/Zip _____

E-mail _____

Please return form and a recent photo of yourself to the Nominating Chair: sherman@rt66.com OR

Judy Sherman
Chair, Region 21 Nominating Committee
4000 General Somervell St. NE
Albuquerque, NM 87111

**Deadline for receipt of applications:
August 15, 2010**