

Request for Prospective Status

Prime Contact		Director
Address		Address
City		City
State		State
Postal Code		Postal Code
Country		Country
Cell Phone		Cell Phone
Email		Email
Rehearsal Day		Rehearsal Time
City, County, State, where group is located		Country where group is located
chapter (s) name and locat	ion. r Sweet Adelines Inter name or location? activities:	ers of Sweet Adelines International? If yes, please list the rnational chapter(s) in the area?
e check, money order, or credit car ail or email this form to headquarte	• •	t with your application. We accept Visa, Mastercard, and Discover cards. Yo
□ Visa □ Masterc	ard □ Dis	cover Check (payable to Sweet Adelines International