

Request for Prospective Status _____ Please grant our group prospective status. We currently have _____ women interested in forming a chapter of Sweet Adelines International. 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 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? [] Yes [] No If yes, what is the chapter name or location? Summary of your group's activities:

Director's musical background:

METHOD OF PAYMENT ONLY SUBMIT CREDIT CARD PAYMENT VIA FAX, PHONE OR POSTAL MAIL						
□ Check Enclosed (Please make payable to Sweet Adelines International)	0.0000000000000000000000000000000000000	*CC payment of MasterCard	only acceptable via p	oostal mail, fax	or by phone.	
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