

# Region 24 Associate RMT Application

Date \_\_\_\_\_

## Sweet Adelines Membership Information:

Name: \_\_\_\_\_ Member #: \_\_\_\_\_  
Address: \_\_\_\_\_ Primary Chapter: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_ Dual Chapter: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Fax #: \_\_\_\_\_

## Chapter Positions held:

\_\_\_ Board/Team Member      \_\_\_ Membership      \_\_\_ Secretary/Communication      \_\_\_ Marketing/PR  
\_\_\_ President/Team Leader      \_\_\_ Music Staff/Section Leader      \_\_\_ Show Chair      Other \_\_\_\_\_  
\_\_\_ Director      \_\_\_ Treasurer/Finance      \_\_\_ Choreographer      Other \_\_\_\_\_

## Regional Positions Held:

Have you ever held a regional position, or served on any regional team, such as an RMT committee member, or as a chairperson for the regional convention team? If yes, please specify positions held.

\_\_\_\_\_  
\_\_\_\_\_

## Participation and Attendance:

Have you attended any of the following education opportunities? If yes, please indicate how many times you attended each:

Regional competitions \_\_\_\_\_ International competitions? \_\_\_\_\_ REACH \_\_\_\_\_ Area Schools \_\_\_\_\_ IES \_\_\_\_\_

Queen's College \_\_\_\_\_ Quartet Workshop \_\_\_\_\_ Director Workshop \_\_\_\_\_ Leadership Workshop \_\_\_\_\_ Arrangers Workshop \_\_\_\_\_

**Teamwork Volunteers** - Check (X) the major areas where you feel your skills, strengths, or experiences would be to valuable to Region 24. These headings are not RMT role specific, since each role uses many of the same skills and interests.

\_\_\_ **Communications** (typing, communications, record keeping, International appointments, meeting preparations, surveys and reports, spreadsheets, websites, history, databases, public speaker, photographer, mailings, strategic planning, goal setting, long-term planning, designer, publishing, newsletters, writers, audio/visual production, strategic planning, goal setting, long-term planning)

\_\_\_ **Education** (arranger, planning, YWIH, theory, faculty development, director, coaching, vocal instructor, Director Certification Program, choreography, emcee, public speaker, audio/visual production, strategic planning, goal setting, long-term planning)

\_\_\_ **Events** (event planning, negotiations, venue selection, registration, regional calendar, public speaker, emcee, audio/visual production, strategic planning, goal setting, long-term planning)

\_\_\_ **Finances** (budgets, long-range financial planning, reporting, bank accounts, ways and means, contracts, investments, grant writing, audits, sponsorships, bookkeeping, legal/paralegal, strategic planning, goal setting, long-term planning)

\_\_\_ **Marketing** (marketing programs, communication, public relations, event marketing, media contacts, media kits, press releases, interviews, sales, writers, photographer, public speaker, mailings, designer, strategic planning, goal setting, long-term planning)

\_\_\_ **Membership** (commitment to membership growth and retention, CAL members, Chapter Coordinator, bylaws and standing rules, policies/procedures, writers, photographers, history, strategic planning, goal setting, long-term planning)

**Education:**    \_\_\_ High School    \_\_\_ College    \_\_\_ Advance Degree    \_\_\_ Special Training \_\_\_\_\_

**Employment:**    \_\_\_ Full Time    \_\_\_ Part Time    \_\_\_ Retired    Current/Recent Occupation: \_\_\_\_\_

**Tell Us a Little About Yourself:**

Every Sweet Adeline in our region has skills, talents, and traits that Region 24 can benefit from. Please state how you feel you might like to serve the region in the future, and what skills you feel you can bring to an associate's position on the Regional Management Team. (If you need more space, please attach a separate sheet.)

**References:**

Please list three references, those who know you well enough to verify your qualifications.

Name #1: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Province/Zip/Country: \_\_\_\_\_

Phone: \_\_\_\_\_

How do they know you? \_\_\_\_\_

Name #2: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Province/Zip/Country: \_\_\_\_\_

Phone: \_\_\_\_\_

How do they know you? \_\_\_\_\_

Name #3: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Province/Zip/Country: \_\_\_\_\_

Phone: \_\_\_\_\_

How do they know you? \_\_\_\_\_

**Please email or mail your completed Application to:**

**Nancy Connell**

933 SE Sacha Place

Hillsboro, OR 97123

H: 503-746-5206

[nconnell@comcast.net](mailto:nconnell@comcast.net)