

Sweet Adelines International

CHANGES: Name/Address

_____ Chapter

Chapter # _____

_____ Chapter Officer

Region # _____

_____ Street

_____ City, State, Zip/Postal code

Date: _____

It will help us make all the necessary corrections if you will indicate under TITLE any elective or appointed office the member holds at Chapter, Regional or International level. If the member is a quartet contact, please list the name of the quartet.

	NAME	ADDRESS	TITLE
1.	_____	_____	_____
	Member # _____	_____	_____
	Phone: (H) AC _____	(O) AC _____	
2.	_____	_____	_____
	Member # _____	_____	_____
	Phone: (H) AC _____	(O) AC _____	
3.	_____	_____	_____
	Member # _____	_____	_____
	Phone: (H) AC _____	(O) AC _____	

Chapter meeting place/time/day change:

_____ Place of rehearsal Address Day Time

Submit two copies to:

Sweet Adelines International • P.O. Box 470168 • Tulsa, OK 74147-0168 • 918/622-1444 • FAX 918/665-0894