



## International Faculty Reinstatement Form

**\*This is an electronically fill-able form. You may submit this form in one of two ways:**

- 1.) Electronically- once you have filled out the form, save the completed document and attach it in an email to: [education@sweetadelines.com](mailto:education@sweetadelines.com)
- 2.) Hard Copy- print out the form, complete and, either fax to #918-665-0894, or mail to the address listed on the bottom of the last page.

*In support of the mission and policies of Sweet Adelines International, the members of the International Faculty Program commit to furthering the educational priorities of the organization, and to passionately deliver relevant information in consistent and effective ways, to teach and inspire others, and to be lifelong learners.*

### PERSONAL INFORMATION

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ EMAIL \_\_\_\_\_  
WEBSITE \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_ MOBILE PHONE \_\_\_\_\_

### ORGANIZATIONAL AFFILIATION

Current Region \_\_\_\_\_ Current Chorus \_\_\_\_\_ Current Quartet \_\_\_\_\_

*Please complete the following:*

1. Submit, with this reapplication, the Faculty Report of Activity for the past year (see Page 2 of Faculty Handbook). HQ will have these forms submitted in previous years.
2. List other assignments completed in the past three years, beyond teaching and coaching. This could include internationally-sponsored podcasts, vodcasts, webinars, Pitch Pipe articles, etc.
3. Briefly describe an area of educational need that you believe exists within Sweet Adelines International and how you believe you could contribute to meeting that need.
4. If desired, share with us any unique educational opportunities you had during this three-year cycle, new classes developed, new teaching or coaching experiences that would be of interest to the Faculty.
5. Please acknowledge that you have read the Volunteer Code of Conduct included in the International Faculty Handbook available on the website at: <https://sweetadelines.com/education/certification-programs/international-faculty-program>

I \_\_\_\_\_, acknowledge that I have read the Volunteer Code of Conduct.  
(NAME)



## PAYMENT INFORMATION PAGE

SWEET ADELINES INTERNATIONAL  
9110 S. TOLEDO AVE.  
TULSA, OKLAHOMA, U.S.A 74137  
FAX #918-665-0894

**\*THIS PAGE MUST BE SENT SEPARATELY.** Please send this page by fax or mail. Please **DO NOT** include it in email along with the application.

NAME \_\_\_\_\_

DATE \_\_\_\_\_

IFP Application Fee- \$100

\_\_\_\_\_ Check enclosed      \_\_\_\_\_ Visa      \_\_\_\_\_ MasterCard      \_\_\_\_\_ Discover

Card number \_\_\_\_\_      Expiration Date \_\_\_\_\_  
3-digit code \_\_\_\_\_

Name on card: \_\_\_\_\_