THE AMERICAN BANDMASTERS ASSOCIATION

Sponsor/Co-Sponsor Evaluation of Candidate for Active Membership (This will be shared with the Membership.)

IMPORTANT: In order for the candidate to be certified, this evaluation form must be completed as directed, and uploaded to the Candidate's Google Drive Box Folder no later than midnight May 15 (Central Time).



Sponsor's Name:			
Check one:	Princip	al Sponsor	
	Co-Sponsor		
Candidate's Name:			
Nominated as: (check one)	Conductor		
	Composer		
	Conduc	etor/Composer	
From the ABA Constitution, Article III, Section 2 (c): No member shall set the candidate's concert band with the candidate conducting quality propaddition, the members should know the candidate well personally and band (in concert or on tape) and submit representative or complete procomposer and arranger candidates.	grams on two professionally	or more occasions at intervals of at least a yAll sponsorsshall put in writing when they	ear. In heard the
Please respond to the following questions with	a "Yes"	or "No" answer.	
Do you know the candidate well, personally and professionally?	Yes	No	
2. Is the candidate highly respected as a musician by immediate colleagues?	Yes	No	
Has the candidate demonstrated exceptional ability	Yes	No	

and accomplishment as a concert band conductor

and/or composer?

state?			
5. Has the candidate been active and prominent regionally and/or nationally?	Yes	No	
6. Does the candidate possess good character, commendable personality, and a high degree of professional ethics?	Yes	No	
7. Is the candidate of the personal and professional caliber of the current ABA members in their state or area?	Yes	No	
8. Is the candidate outstanding among the band conductors or composers of their state/area who are not ABA members and the most deserving of them to receive the honor of ABA membership?	Yes	No	
9. Do you have reason to believe the candidate has the desire and willingness to participate in conventions and other activities of the ABA?	Yes	No	
at least a year apart. Please list representative	program	content for each concert.	
Name of performing ensemble plus program content:			
Performance Date: (xx/xx/xxxx)			
	Live	Recording	
Performance Date: (xx/xx/xxxx)	Live	Recording	
Performance Date: (xx/xx/xxxx) Check One: 2. Name of performing ensemble plus program content:	Live	Recording	
Performance Date: (xx/xx/xxxx) Check One:	Live	Recording	

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The Principal Sponsor and Co-Sponsors are asked to write a statement elaborating on the answers above that may further indicate compelling reasons for sponsorship.

SPONSOR RCOMMENDATION:

Sponsor Signature:	
(Type your name or give digital signature)	
Date: (xx/xx/xxxx)	

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Note – No member shall act as a principal sponsor for more than two candidates during any convention year, or act as a sponsor and/or co-sponsor for more than three candidates.

If you have any questions, please email ABA Vice President (INSERT name and link).