

Chapter Member Nomination

Instructions: Please complete and submit to the chapter membership chair. For information about qualifications for membership in The Delta Kappa Gamma Society International, refer to sections on membership in the Constitution and the International Standing Rules.

Type of membership: ___ Chapter Active ___ Chapter Honorary

Name of person recommended (prospect):

Address: Street _____

City /State/ Phone Number: _____

E-mail: _____

Current position title: _____

Employer: _____

Total years as a professional educator: _____

Grades/Subjects taught/Positions held: _____

Educational degree(s) granted: College/University/Degree/Year /Field of Study

Professional accomplishments: Include items such as professional development presentations, campus or departmental leadership roles, published materials, offices in other organizations, honors, and/or awards.

Endorsed by one or more members:

Name/Chapter _____

Name/Chapter _____