



INTERNATIONAL SOCIETY FOR KEY WOMEN EDUCATORS  
**DELTA KAPPA GAMMA**

*Illinois, Lambda State Organization*

**2017-2019**

**Official Form for Recommending a Member for a Lambda State Elected Positions**  
**Deadline: November 20, 2016**

*Use added sheets as needed. Letters of support for candidates are permitted. An individual member may nominate herself.*

**Recommendations for the position of** (Check **one** only)

<input type="checkbox"/> President	<i>Elected</i>	<input type="checkbox"/> Nominations Committee	<i>Elected</i>
<input type="checkbox"/> First Vice-President	<i>Elected</i>	<input type="checkbox"/> Lambda State Foundation for Educational Studies	<i>Elected</i>
<input type="checkbox"/> Second Vice-President	<i>Elected</i>		
<input type="checkbox"/> Recording Secretary	<i>Elected</i>		
<input type="checkbox"/> Corresponding Secretary	<i>Elected</i>		

**Personal Information**

Nominee (Dr., Mrs., Ms., Miss) \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Phone ( ) E-mail \_\_\_\_\_

Chapter \_\_\_\_\_ Area Number \_\_\_\_\_ Year of Initiation \_\_\_\_\_

**Delta Kappa Gamma Experience—Office(s) Chairmanship(s), Member of Committee(s)** (Include dates)

Chapter \_\_\_\_\_

\_\_\_\_\_

State \_\_\_\_\_

\_\_\_\_\_

Regional/International \_\_\_\_\_

\_\_\_\_\_

Delta Kappa Gamma State or International Awards, Scholarships, Grants: \_\_\_\_\_

\_\_\_\_\_

**Attendance at State, Regional, International Conventions/Conferences** (Include dates or years of attendance)

State Conventions \_\_\_\_\_

Regional Conferences \_\_\_\_\_

International Conventions \_\_\_\_\_

**Academic Background** (Include degrees, dates, and colleges/universities) \_\_\_\_\_

\_\_\_\_\_

2015/lc