



Illinois, Lambda State Organization  
2017-2019

Recommendation Form for Lambda State Committee Appointments

Recommendation for the position of: \_\_\_\_\_ Committee Chair \_\_\_\_\_ Committee Member

Check Names of Preferred Committees:

\_\_\_\_\_ Communications & Publicity \_\_\_\_\_ Achievement Award \_\_\_\_\_ Scholarship \_\_\_\_\_ Finance  
\_\_\_\_\_ Educational Excellence \_\_\_\_\_ Women in the Arts \_\_\_\_\_ Membership \_\_\_\_\_ Music  
\_\_\_\_\_ Leadership Development \_\_\_\_\_ Dates & Sites \_\_\_\_\_ Personnel \_\_\_\_\_ Rules  
\_\_\_\_\_ International Projects \_\_\_\_\_ Legislation \_\_\_\_\_ Literacy

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:

Academic Background (Include degrees, dates, and colleges/universities):

Years of Teaching Experience: \_\_\_\_\_

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Check the appropriate response below.

\_\_\_\_\_ Yes \_\_\_\_\_ No Nominee has consented for her name to be submitted.

\_\_\_\_\_ Yes \_\_\_\_\_ No Nominee is willing to accept a different position. Which?

\_\_\_\_\_

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Submitted by: Individual Member Chapter President

Name \_\_\_\_\_ Chapter \_\_\_\_\_ Position \_\_\_\_\_

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

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

Please send your completed recommendation form to the Lambda State Nominations Committee Chair by e-mail to LaVonne Chaney at [nominationslambdast@gmail.com](mailto:nominationslambdast@gmail.com)

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