

APPLICATION FOR TREASURER

ls.			
iss			
lrs.			
r.			
First	Middle	Last Name	Chapter
ddress			
Street, Route,	Box No.	City	Zip Code
elephone (()	
Home		School	or Office
ell Phone ()	E-Mail		FAX
EDUCATION AND PROFE			
College/University	Major and Minor	Degree	Date
A.			
В.			
В.			
B. C.			

D.

II.	RELEVANT COURSES, S	EMINARS,	WORKSHOPS A	TTENDED DURING PA	AST FIVE YEARS
	_)			

Course	Sponsoring Institute/Agency	Location	Date
Α.			
В.			
C.			
D.			

III. EXPERIENCE RELATED TO POSITION, ACCOUNTING, AND FINANCE

Name of Position	e of Position Related Experience	
Α.		
В.		
C.		
D.		

IV. CURRENT EMPLOYMENT (include part-time employment beyond primary position)

Chapter	D	ate of Initiation	1	
Offices and/or chair positions hel	d (include level of So	ciety: Chapter,	State, International)	
Chapter	State		International	
VI. List the number of Delta Kapp last ten years.	a Gamma conference	s and conventi	ons you have attended within the	
State Conventions		Regio	nal Conferences	
State Executive Board Meetings		International Conventions		
Training for Chapter	Leaders Workshops			
VII. Would you normally be able to	attend the following	meetings?		
State Convention	_	yes	no	
State Executive Board Mee	etings _	yes	no	
State Committee Meetings		yes	no	
Training for Chapter Leade	ers Workshops _	yes	no	
Regional Conferences	_	yes	no	
International Conventions	_	yes	no	
VIII. List skills and training in t	he following areas:			
Computer Use: Windows, Exc	•			
Computer Osc. Williams, Exc	oi, intait QuionBooks.			
Additional software use and k	nowledge (be specific	:-name softwar	e):	
Accounting:				

V. DELTA KAPPA GAMMA AFFILIATION AND EXPERIENCE

Investment Abilities:

IX.	References: Name, address, and phone numbers of 3 individuals that may be contacted	
	1.	
	2.	
	3.	
Χ.	Please attach current resume to this application.	
Sig	nature	
Da	te Submitted	
Return completed application to: Lambda State Personnel Committee Chair		

Internet Tool Abilities:

Issued 7/16 am