

THE DELTA KAPPA GAMMA  **SOCIETY INTERNATIONAL**
 Illinois, Lambda State Organization

APPLICATION FOR TREASURER

Ms.
Miss
Mrs.
Dr. _____
First
Middle
Last Name
Chapter

Address _____
Street, Route, Box No.
City
Zip Code

Telephone _____
Home
School or Office

Cell Phone _____ **E-Mail** _____ **FAX** _____

I. EDUCATION AND PROFESSIONAL PREPARATION

College/University	Major and Minor	Degree	Date
A.			
B.			
C.			
D.			

II. RELEVANT COURSES, SEMINARS, WORKSHOPS ATTENDED DURING PAST FIVE YEARS

Course	Sponsoring Institute/Agency	Location	Date
A.			
B.			
C.			
D.			

III. EXPERIENCE RELATED TO POSITION, ACCOUNTING, AND FINANCE

Name of Position	Related Experience	Dates
A.		
B.		
C.		
D.		

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

V. DELTA KAPPA GAMMA AFFILIATION AND EXPERIENCE

Chapter _____ Date of initiation _____

Offices and/or chair positions held (include level of Society: Chapter, State, International)

- A.
- B.
- C.
- D.

VI. List the number of Delta Kappa Gamma conferences and conventions you have attended within the last ten years.

_____ State Conventions

_____ Regional Conferences

_____ State Executive Board Meetings

_____ International Conventions

_____ Orientation for Chapter Leaders Workshops

VII. Would you normally be able to attend the following meetings?

State Convention

_____yes

_____no

State Executive Board Meetings

_____yes

_____no

State Committee Meetings

_____yes

_____no

Orientation for Chapter Leaders Workshops

_____yes

_____no

Regional Conferences

_____yes

_____no

International Conventions

_____yes

_____no

VIII. List skills and training in the following areas:

Computer Use: Windows, Microsoft Excel, Intuit QuickBooks 2012, _____

Additional software use and knowledge (be specific-name software) _____

Accounting

Investment Abilities

Internet Tool Abilities

IX. References: Name, address, and phone numbers of 3 individuals that may be contacted

1.

2.

3.

X. Please attach current resume to this application.

Signature _____

Date Submitted _____

Return completed application to: Lambda State Personnel Committee Chair

Revised 7/14am