The Delta Kappa Gamma Society International

Alpha Gamma State

Hall of Fame Nomination Form

The Alpha Gamma State Hall of Fame Committee invites you to make a nomination of a fellow Alpha Gamma State member to the Hall of Fame. The Hall of Fame recognizes and honors members who have given distinguished service at the Alpha Gamma State level. Please consider the following when making you nominations to the Hall of Fame:

1. The member may be living or deceased.
2. The member may be an active member (or a reserve member who was

once active).

1. The member is to be recognized for her service to Alpha Gamma State

primarily.

1. The member must have a minimum of ten years of service to the society.
2. The member is to be recognized for her service to the Society primarily.

These accepted guidelines do not indicate that every chapter will have a representative in the Hall of Fame.

**NAME OF HONOREE**: (Miss, Ms., Mrs.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ACTIVE MEMBER: \_\_\_\_\_\_\_\_\_\_ RESERVED MEMBER: \_\_\_\_\_\_\_\_ DECEASED: \_\_\_\_\_\_\_\_\_\_\_\_**

Based on your personal knowledge of the nominee, please list the specific involvement at the Alpha Gamma State level for which she is nominated.  **(Please limit to 50 – 100 words).**

**Nominator’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chapter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Personal Nomination: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chapter Nomination:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(This form may be duplicated in order to nominate more than one Alpha Gamma State member).

**PLEASE MAIL COMPLETED FORM TO Nominations Chair**

**This nomination must reach the chairperson on or before the end of February to be considered.**