



Recommendation for Membership

Instructions:

Please complete and return this form to the appropriate level Membership Committee. For information about qualifications for membership in The Delta Kappa Gamma Society International, refer to sections on membership in the *Constitution* and the *International Standing Rules*.

Type of membership: (check one)

Chapter Active _____ Chapter Honorary _____ State Honorary _____ International Honorary _____

Name of person recommended:

(Title) (First) (Middle) (Last)

(Street, Route, P.O. Box)

(City) (State and Country) (ZIP/Postal Code)

(E-Mail Address) (Telephone Number) (FAX Number)

Month and Date of Birthday (Year not needed) _____

Current position title: _____

Employer: _____

Total years as professional educator _____

Highest educational degree granted: _____ Year: _____ Field: _____

Professional accomplishments: Include items such as professional development presentations, campus or departmental leadership roles, published materials, offices in other organizations honors and/or awards. (A brief professional résumé may be attached to this application.)

Community activities:

Endorsed by one or more members:

Signature

Chapter

State

Date

Required

Optional

Optional