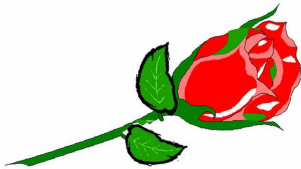


**TODAY'S VISION
TOMORROW'S MISSION**



2011-2013

DKG

THE DELTA KAPPA GAMMA
SOCIETY INTERNATIONAL

Alpha Iota State - Michigan

Dear Chapter President,

As Chapter Visitations Chairman, I look forward to working with you as we share our talents to provide a meaningful experience for your chapter members.

Each chapter is eligible for an official visit from a state officer or state committee chairman at least once during the 2011 – 2013 biennium.

When requesting an official visitation from a state officer, Alpha Iota State Bylaws provide transportation and lodging expenses (if needed) for official visitations to chapters. If you request more than one visitation during the biennium, your chapter is responsible for expenses (transportation and lodging) for that officer. (State Bylaws and Standing Rules, Finances, E2 and E3) If you are requesting a visitation for a special function or anniversary, please send in your request early.

To request an official state visitation, please complete and submit the attached form to:

Chapter Visitations Chairman

Kathy Muench

Phone: 810-694-0706

Alpha Omega Chapter

11715 Schram St.

Grand Blanc, MI 48439

E-mail: kemuench@sbcglobal.net

All arrangements for official state visits are made directly with me. If you have questions concerning official visits, please call me. I appreciate your commitment to the Society and look forward to working with you.

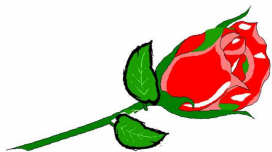
Sincerely,

Kathy Muench

2011-2013 Biennium

Visit confirmed by: _____
Date of Visit: _____

TODAY'S VISION
TOMORROW'S MISSION



2011-2013

DKG
THE DELTA KAPPA GAMMA
SOCIETY INTERNATIONAL

Alpha Iota State - Michigan

OFFICIAL STATE VISIT 2011-2013 BIENNIUM

Today's Date: _____ Chapter: _____

From: _____ Title: _____

Requesting Visit of (Name of State Officer/ Committee Chairman):

1st Choice: _____

2nd Choice: _____

3rd Choice: _____

Chapter Contact Person: _____

Address: _____

Street/PO Box/Apt. # City State Zip

Phone: _____ E-mail: _____

(Please include ONLY if you check regularly)

Month/Date/Time of Meeting:

1st Choice: _____

2nd Choice: _____

Location: _____

(On reverse side, please provide specific directions and/or map)

Nature of Meeting: _____

Role of State Visitor: _____

(On reverse side, or include with request)

Attire (formal, dressy, etc.): _____

*****Please include some background information about your chapter*****

Your prompt return of this form is appreciated. Please send **TWO** copies of this completed form to:

Kathy Muench, Chapter Visitations Chairman

Phone: 810-694-0706

11715 Schram St.

Grand Blanc, Michigan 48439-1319

E-mail: kemuench@sbcglobal.net

NOTE: Please make ALL arrangements for an official state visit directly with the Chapter Visitations Chairman listed above.

2011-2013 Biennium

Visit confirmed by: _____

Date of Visit: _____