



Member Survey

Zeta State Research Committee¹

2007-2009

The Delta Kappa Gamma Society International

(Circle one)

Miss

Name: Mrs. _____ Spouse: _____

Dr.

Chapter Name: _____ Member ID #: _____ Today's Date: _____

Address: _____
Street City State Zip Code

Telephone #: (____) _____ FAX (____) _____ E-Mail _____

Next of Kin (relationship, name, address, phone) _____

National Board Certified? Yes No If yes, what area? _____ Retired? When?: _____

Your Special Talents/Areas of Expertise _____

Would you present at district and state conferences? Yes No

Please circle the answer in each column below that applies to you:

Membership Status:	Highest Degree Earned:	Years in the Society:	Age:	Ethnic/Cultural Background	Years in Education as of 2007
Active (employed)	Associate	5 years/less	25-34 years	African American	3-5 years
	Bachelor	6-10 years	35-44 years	Asian American	6-10 years
Active (retired)	Masters	11-15 years	45-54 years	Caucasian	11-15 years
	Post-Masters	16-20 years	55-64 years	Hispanic	16-20 years
Reserve	Specialist	21-25 years	65-74 years	Latin American	21-25 years
Honorary	Doctorate	26-30 years	75 years +	Native American	26-30 years
	Other (write in)	31-35 years		Other (write in)	31-35 years
	—	36-40 years			36-40 years
		41-45 years			40 years +
		46-50 years			
		50 years +			

¹ After chapter members have completed the survey, the chapter Research Committee Chairman (or another designated member) should collect them and send them to the state Research Committee Chairman for inclusion in the data bank.

Name: _____ Chapter Name: _____ Today's Date: _____

Current or Last Position Held:
Circle the answer that applies to you.

Position: Administrator Classroom Teacher Counselor Librarian Professor Specialist (write in the area) _____ Other (write in)_____	Educational Setting: Pre-Kindergarten Grades Kindergarten - 4 Grades 5 - 8 Grades 9 - 12 Community College 4 Year College/University Other (write in)_____	Sector: Public Private Other (write in) _____
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<p align="center">Membership Data</p> Initiation date into ΔΚΓ: _____ First Chapter initiated into _____ Have you transferred to your current chapter from another one? If yes: Transferred from _____ Chapter State Date Upon your death, would you like your pin returned to your chapter? Yes No	<p align="center">Chapter Data</p> I was: Granted transfer to _____ Chapter State Date Granted Reserve Status _____ Date Reason Resigned: _____ Date Reason Reinstated: _____ Date Reason
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Society Committees and Offices:
Include the position and the date held

Chapter	State	International
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Name: _____ Chapter Name: _____ Today's Date: _____

<p>Professional Accomplishments (honors, awards, accomplishments, etc)</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>Community Service, Commissions, Boards, Etc. (list service, organization, etc)</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>Publications</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
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1. Would you be interested in serving on a Zeta State Committee? Yes _____ No _____

 If yes, which committee(s)?

2. Do you know of a retiree or are you a retiree who would be interested in volunteering in your local schools?

 Yes _____ No _____ Name _____ Phone Number _____

3. Are you aware of schools in your area or specific grade levels that we have neglected as far as nominating educators for membership into Delta Kappa Gamma? Yes _____ No _____

 Name of school/town and specific grade levels
