

Instructions:

Membership Services Email: mem@dkg.org

State Organization Membership Chair (or Necrology Chair, where applicable)

Chapter	State (Geographic Name)
1	Alabama
2	Alaska
3	Arizona
4	Arkansas
5	California
6	Colorado
7	Connecticut
8	Delaware
9	District of Columbia
10	Florida
11	Georgia
12	Hawaii
13	Idaho
14	Illinois
15	Indiana
16	Iowa
17	Kansas
18	Kentucky
19	Louisiana
20	Maine
21	Maryland
22	Massachusetts
23	Michigan
24	Minnesota
25	Mississippi
26	Missouri
27	Montana
28	Nebraska
29	Nevada
30	New Hampshire
31	New Jersey
32	New Mexico
33	New York
34	North Carolina
35	North Dakota
36	Ohio
37	Oklahoma
38	Oregon
39	Pennsylvania
40	Rhode Island
41	South Carolina
42	South Dakota
43	Tennessee
44	Texas
45	Utah
46	Vermont
47	Virginia
48	Washington
49	West Virginia
50	Wisconsin
51	Wyoming

DKG Member Identification Number _____ Date of Death _____

Name of Deceased Member ☐ Dr. _____
(First) (Middle) (Last)

Mailing Address

City	State	Zip/Postal Code
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(Country)

Delta Kappa Gamma Society and Professional Information

Date joined:_____

Contributions to/participation in Delta Kappa Gamma:

Contributions to education:

Name and mailing address of closest relative (specify relationship) or friend:

(Sympathy Card will be mailed on behalf of the Society if reported within 3 months of date of death)