



# *Kappa Theta*

## *Membership Biographical Data Sheet*

Ms.

Mrs.

Dr.

\_\_\_\_\_

*Name* *Spouse* *Date*

\_\_\_\_\_

*Address* *Street* *City* *Zip Code* *County*

\_\_\_\_\_

*Home Telephone #* *Cell Phone #* *email address (print clearly)*

\_\_\_\_\_

*Position Title (Current or most recent)* *Employer* *Date Retired*

\_\_\_\_\_

*Highest Educational Degree Granted* *Year* *Field*

\_\_\_\_\_

*National Board Certification* *Date*

### *Membership Data*

\_\_\_\_\_

*Initiation Date* *Original Chapter Initiated into* *State*

\_\_\_\_\_

*Chapter from which you transferred (if applicable)* *Date of transfer*

### *Society Committees and Offices*

*(Position and date)*

*Chapter* \_\_\_\_\_

*State* \_\_\_\_\_

*International* \_\_\_\_\_

### *Professional Accomplishments*

*(Awards, honors, scholarships, etc.)*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Community Service, Commissions, Boards*

*(List services, organizations and dates)*

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*Publications*

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*Survey*

*Please answer the following questions to help Kappa Theta compile information in order to be sure all members' needs are met.*

*Number of years in ΔΚΓ:*

*\_\_\_\_\_ 5 yrs or less    \_\_\_\_\_ 6-15 yrs    \_\_\_\_\_ 16-25 yrs    \_\_\_\_\_ 26-35    \_\_\_\_\_ 35+yrs*

*Cultural Background:*

*\_\_\_ African-American    \_\_\_ Asian-American    \_\_\_ Caucasian    \_\_\_ Hispanic  
\_\_\_ Latin-American    \_\_\_ Native American    \_\_\_ Canadian    \_\_\_ Other (\_\_\_\_\_)*

*Number of School-Aged Children in your house: \_\_\_\_\_ What are their ages? \_\_\_\_\_*

*What factors prompted you to accept the invitation to membership in Delta Kappa Gamma? \_\_\_\_\_*

*What factors encourage you to remain a member? \_\_\_\_\_*

*Did you have a Society mentor? Yes \_\_\_ No \_\_\_ Name \_\_\_\_\_*

*Are you a mentor for other members? Yes \_\_\_\_\_ No \_\_\_ Name(s) \_\_\_\_\_*

*Have you ever recommended someone for membership? Yes\_ No \_\_\_\_\_*

*Upon your death, would you like your pin returned to your chapter? (Circle: yes or no)*

*If yes, please give next of kin information below:*

*Name \_\_\_\_\_ Relationship \_\_\_\_\_*

*Address and/or Phone Number(s) \_\_\_\_\_*

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