

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 *International Standing Rules*.

Form 11
07/01

Type of membership

Check one: Chapter Active ____ Chapter Honorary ____ State Honorary ____ International Honorary ____

Name of person recommended: _____

Current position title: _____

Employer: _____

Total years as professional educator: _____

Highest educational degree granted: _____

Year: _____ **Field:** _____

On a separate sheet please list:

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

Community Activities:

Endorsed by one or more members:

Required

(Title) (First) (Middle) (Last)
(Street, Route, P.O. Box)
(E-Mail Address) (Telephone Number) (FAX Number)
(Signature) (Chapter) (State) (Date)
(City) (State and Country) (ZIP/Postal Code)