



Recommendation for Membership

Instructions:

Please complete and return this form. For information about qualifications for membership in The Delta Kappa Gamma Society International, refer to sections on membership in the Constitution and the International Standing Rules.

Type of membership: Chapter Active Chapter Honorary

Name of person recommended:

Name: _____
Name of Prospect

Address: _____
Street Address

City, State, Zip

Phone Number: _____ Email address: _____
Prospect's Telephone E-mail Address

Current position title: _____
Prospect's Occupation

Employer: _____ Total years as a professional educator: _____

Highest educational degree granted: _____ Year: _____ Field: _____

Professional accomplishments: Include items such as professional development presentations, campus or departmental leadership roles, published materials, offices in other organizations, honors, and/or awards.

Community activities:

Endorsed by one or more members:

	Name Chapter/State	Dates
Required Sponsor		
Interviewer _____	_____	_____
		Date of Prospect Meeting
Recommender _____	_____	_____
		Date of Prospect Letter

Signature of Initiate _____ Date of Initiation: _____