ALPHA KAPPA STATE CONNECTICUT

Recommendation for Nominations of Officers 2011 – 2013,
Finance Committee and Nominations Committee 2011 – 2015

Please complete a recommendation form/self-nomination form for each person interested in serving as an officer or member of an elected committee.

Important: Please mail or send electronically **no later than December 1, 2010** to:

Marilyn Arvoy, Nominations Chair
350 Delavan Avenue,
Greenwich, CT 06830-5948
203-531-8874/marvoy@hotmail.com

Name_____ Chapter_____ Initiation Date_____

Address_____

Home Telephone _____Work Telephone _____ Email_____

Present Professional Position_____

Present Position in Delta Kappa Gamma_____

Professional experience/resume (May attach up to two additional sheets if needed.)

Experiences that contribute to office sought_____
_____
_____

Delta Kappa Gamma Experience:

a. Chapter_____
_____
_____
_____

b. State_____
_____
_____
_____

c. Regional (Include number of conferences attended/years of attendance.)
_____
_____

d. International (Include number of conventions attended/years attended.)
_____
_____
_____
_____

Position Recommended for Nomination (Circle One)

State President **State First Vice President**

State Second Vice President **State Recording Secretary**

Finance Committee (2011-2015) **Nominations Committee (2011-2015)**

Submitted by: _____

Recommended and approved by:

Chapter President_____

Note: Permission of the person must be secured before her name is recommended for nomination.

Revised: 8/29/09