

**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](mailto: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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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c. Regional (Include number of conferences attended/years of attendance.)  
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\_\_\_\_\_

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

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**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