



**The Delta Kappa Gamma Society International
Illinois, Lambda State Organization**

FORM FOR SUBMITTING MOTIONS

For Secretary's Use

MOTION # _____

APPR. YES ___ NO ___

DATE: _____ EXECUTIVE BOARD _____ CONVENTION _____

MOTION: _____

MOVED BY: _____ STATE: _____ CHAPTER: _____

SECONDED BY: _____ STATE: _____ CHAPTER: _____