



**THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL  
MINNESOTA TAU STATE ORGANIZATION**

**NOMINATION FOR TAU STATE OFFICER/NOMINATIONS FOR COMMITTEE MEMBER**

OFFICE\* / COMMITTEE \_\_\_\_\_

NAME OF CANDIDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ CHAPTER \_\_\_\_\_

PROFESSIONAL EXPERIENCE

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OTHER EXPERIENCE OR SPECIAL QUALIFICATIONS

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Submitted by: \_\_\_\_\_

Address: \_\_\_\_\_

PHONE: \_\_\_\_\_ Chapter: \_\_\_\_\_

*This form may be duplicated or downloaded from Tau state's web site.*

*Mail/send completed forms to:*

*Sally Nyhus  
157 W Dale St  
South St. Paul, MN 55075-3237  
slnyhus@gmail.com*

*or to any member of the Nominations Committee, by **November 15, 2010***

\*President, First Vice President, Second Vice President, Corresponding Secretary, Recording Secretary, Committee