



## RECOMMENDATION FOR ELECTED ZETA STATE OFFICE\* THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL

Fill in the information below for the individual whom you are recommending for consideration for state office. See the Society Business Committees section of the Policies and Procedures manual for qualifications for state office.

Date\_\_\_\_\_

Recommended Elected Office\_\_\_\_\_

Name\_\_\_\_\_ Chapter\_\_\_\_\_

Address\_\_\_\_\_

\_\_\_\_\_

Telephone Number\_\_\_\_\_ E-mail address\_\_\_\_\_

Number of years as a Delta Kappa Gamma member\_\_\_\_\_

List Delta Kappa Gamma experience at the chapter level **and the dates of participation:**

List Delta Kappa Gamma experience at the state/district level **and the dates of participation:**

List Delta Kappa Gamma experience at the regional level **and the dates of participation:**

List Delta Kappa Gamma experience at the international level **and the dates of participation:**

Present professional position and years:

Other professional experience:

Educational background (be specific):

Additional information of service in the community or in other organizations (be brief):

\_\_\_\_\_  
**Signature** and **chapter** of member making the recommendation or, in the case of a chapter nomination, the chapter president's signature and chapter

Recommendations for consideration for state office should be submitted to the chairman of the Zeta State Nominations Committee, (See your yearbook for her contact information.) and postmarked by **October 1, 2008**.