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Form must be postmarked by November 15th

**THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL
RECOMMENDATION FORM FOR NOMINATIONS
FOR ETA STATE OFFICERS 2011-2013**

STATE OFFICERS ARE ELECTED AT THE ANNUAL CONVENTION IN ODD NUMBERED YEARS.

NAME _____ RECOMMENDED FOR OFFICE OF _____

ADDRESS _____ PHONE _____

CHAPTER RECOMMENDING _____ CHAPTER AREA _____

INITIATED BY CHAPTER _____ STATE _____ DATE INITIATED _____

DELTA KAPPA GAMMA EXPERIENCES AND RESPONSIBILITIES

I. OFFICES HELD CHAPTER: _____ DATE _____

_____ DATE _____

_____ DATE _____

STATE: _____ DATE _____

INTERNATIONAL: _____ DATE _____

II. COMMITTEES SERVED: (PLEASE PLACE * BY THOSE SERVED AS CHAIRMAN)

CHAPTER: _____

STATE: _____

INTERNATIONAL _____

III. ATTENDANCE AT MEETINGS:

CHAPTER: REGULAR _____ IRREGULAR: _____

STATE: (APPROXIMATE NUMBER ATTENDED) _____

INTERNATIONAL: (LIST THOSE ATTENDED) _____

IV. OTHER SPECIAL SERVICES TO DELTA KAPPA GAMMA: (SPECIAL PROGRAM, PUBLICATIONS, SPECIAL RESPONSIBILITIES) OTHER QUALIFICATIONS AND EXPERIENCES WHICH WOULD HELP HER PERFORM THE DUTIES AND RESPONSIBILITIES OF THE OFFICE FOR WHICH SHE IS RECOMMENDED:

A. PRESENT POSITION

B. PROFESSIONAL EXPERIENCE

C. PROFESSIONAL OFFICES HELD

D. EDUCATIONAL BACKGROUND

E. COMMUNITY OR ORGANIZATION SERVICE (CHURCH, CIVIC, SERVICE CLUBS, ETC.)

F. SPECIAL INTERESTS AND HONORS

IF ELECTED, IS SHE WILLING TO SERVE? _____

WOULD HER PRESENT RESPONSIBILITIES PREVENT HER PERFORMING THE DUTIES OF THE OFFICE FOR WHICH SHE IS RECOMMENDED?

COMMENTS (please continue on a separate sheet if need)