***Delta Kappa Gamma Society International* - Alpha Chi State Nevada**

**Exemplary Service Award**

**Name of Nominee:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Chapter Name and Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please indicate all positions held.**

**\_\_\_\_\_ President** \_\_\_\_\_ Local Chapter \_\_\_\_\_ State \_\_\_\_\_ International \_\_\_\_\_\_\_\_\_ # of Years

**\_\_\_\_\_ Vice President** \_\_\_\_\_ Local Chapter \_\_\_\_\_ State \_\_\_\_\_ International \_\_\_\_\_\_\_\_\_ # of Years

**\_\_\_\_\_ Secretary** \_\_\_\_\_ Local Chapter \_\_\_\_\_ State \_\_\_\_\_ International \_\_\_\_\_\_\_\_\_ # of Years

**\_\_\_\_\_ Treasurer** \_\_\_\_\_ Local Chapter \_\_\_\_\_ State \_\_\_\_\_ International \_\_\_\_\_\_\_\_\_ # of Years

**\_\_\_\_\_ Chairperson** \_\_\_\_\_ Local Chapter \_\_\_\_\_ State \_\_\_\_\_ International \_\_\_\_\_\_\_\_\_ # of Years

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| --- | --- |
| **Write a brief summary of the nominee’s contributions to DKG.** | |
| **Nominated by:** | Chapter: |
| Email address: | Phone #: |
| **Nominated by:** | Chapter: |
| Email Address: | Phone #: |

Nomination Form – Revised January 2020