

Alpha Sigma State - Washington  
The Delta Kappa Gamma Society International  
STATE NOMINATION FORM

Name of Nominee \_\_\_\_\_  
Title-----First Name-----Middle-----Last Name

Permission must be secured from member before submitting her name.

Member of \_\_\_\_\_

Date Initiated into Delta Kappa Gamma \_\_\_\_\_ Name of Chapter and State \_\_\_\_\_

Nominated for:

(Check appropriate section)

\_\_\_ President      \_\_\_ First Vice President      \_\_\_ Second Vice President      \_\_\_ Recording Secretary

\_\_\_ Corresponding Secretary      \_\_\_ Nomination/personnel Committee (3-year term)

Nominated by \_\_\_\_\_  
Name-----Street-----City-----Zip-----Phone

School Address  
of Nominee \_\_\_\_\_  
Street-----City-----Zip-----Phone

Home Address  
of Nominee \_\_\_\_\_  
Street-----City-----Zip-----Phone

Email of Nominee \_\_\_\_\_

Please supply the following information on a separate page.

1. Education Data:

College or University-----Dates Attended-----Degree-----Major/Minor Fields

2. Present position or retired.

3. Other teaching or administrative position recently held.

4. Does member attend: Regularly -----Occasionally

Chapter meetings \_\_\_\_\_

Area meetings \_\_\_\_\_

State meetings \_\_\_\_\_

Regional meetings \_\_\_\_\_

International meetings \_\_\_\_\_

5. List the offices this person has had the opportunity to hold in the Delta Kappa Gamma International.  
Chapter Level/Date-----State      Level/Date-----International Level/Date
  
6. List the committees which this person has had the opportunity to chair.  
Chapter Level/Date-----State      Level/Date-----International Level/Date
  
7. List other contributions of work to chapter, state, regional, and international levels of Delta Kappa Gamma International.
  
8. List professional organizations of which nominee is a member and offices held or committees she has served as chair.  
Name of organization -----Office held-----Date
  
9. List other valuable contributions to education.
  
10. List positions in and contributions to community organizations.
  
11. List the personal qualities of the nominee which contribute to her qualifications for a state office.

Signed by:

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President of Nominating Chapter

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Chair of Chapter Nominations Committee

Signatures of three other  
Delta Kappa Gamma members and  
positions they hold in this society:

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Send To Marlene Harmeling  
5420 233rd Place SE  
Bothell, WA 98021  
425-486-6990  
kainui@comcast.net  
**by January 15**