



Recommendation for Membership

Instructions:

Please complete and return this form to the appropriate level Membership Committee. For information about qualifications for membership in The Delta Kappa Gamma Society International, refer to sections on membership in the *Constitution* and the *International Standing Rules*.

Type of membership:

(check one) Chapter Active ____ Chapter Honorary ____ State Honorary ____ International Honorary ____

Name of Person recommended:

(Title) (First) (Middle) (Last)

(Street, Route, P.O. Box)

(State and Country)

(E-Mail Address) (Telephone Number) (FAX Number)

Current position title: _____

Employer: _____ **Total years as professional educator** _____

Highest educational degree granted: _____ **Year:** _____ **Field:** _____

Professional accomplishments: Include items such as professional development presentations, campus or department leadership roles, published materials, offices in other organizations, honors and/or awards. (A brief professional resume may be attached to this application.)

Community activities:

Endorsed by one or more members:

	<u>Signature</u>	<u>Chapter</u>	<u>State</u>	<u>Date</u>
Required	_____	_____	_____	_____
Optional	_____	_____	_____	_____
Optional	_____	_____	_____	_____