



Recommendation for Membership

Instructions:

Please complete and return this form. 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: _____

Name of person recommended:

Name: _____

Address: _____

City: _____ State: ____ Zip Code: _____

Country: _____

Phone Number: _____ Fax Number: _____

E-mail: _____

Current position title: _____

Employer: _____

Total years of professional educator: ____

Highest educational degree granted: _____

Year: _____ Field: _____

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

Community activities:

Endorsed by one or more members: _____

Chapter/State: Omega/New York State

Signature: _____

Date: _____

Required: _____

Optional: _____

Optional: _____

02/06/2012 I/W/yye