



# 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)

\_\_\_\_\_ (City) (State and Country) (ZIP/Postal Code)

\_\_\_\_\_ (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 departmental leadership roles, published materials, offices in other organizations honors and/or awards. (A brief professional résumé 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 | _____            | _____          | _____        | _____       |