



Chapter Member Application

Instructions:

Please complete and submit to the chapter membership chair. 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.

Name of person recommended (prospect):

Name _____

Address _____

Preferred Phone Number _____

Preferred E-mail _____

Current position title: _____

Employer: _____

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

What do you want others to know about you as an Educator?

What else do you want others to know about you? (Such as personal interests, hobbies, community involvement, etc.)

Sponsor Name: _____ Chapter/State Org _____

Date of Prospect Meeting _____

Signature of Applicant _____ Date of Initiation _____

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