



The Delta Kappa Gamma Society International
WISCONSIN STATE ORGANIZATION
NOMINATION FORM FOR ELECTED STATE LEADERS

Office/Committee to be filled _____

Date _____

Name of Nominee _____

Address _____ City/Zip _____

Telephone _____

Email _____

Educational Background _____

Current Professional Position _____

Professional Experience _____

Delta Kappa Gamma Experience

Chapter _____ Years of DKG membership _____

Current **Chapter DKG** Leadership Role(s):

Past **Chapter DKG** Leadership Role(s):

Current **State DKG** Leadership Role(s):

Past State DKG Leadership Role(s):

Current Regional/ International DKG Leadership Role(s):

Past Regional/ International DKG Leadership Role(s):

Educational Memberships/Awards

Community Service (Church/Civic Organizations) Participation/Awards:

Please confirm that you:

have a working email address

check your email on a regular basis

are willing to participate in electronic meetings (*GoToMeeting*)

Signature _____

Nominations must be submitted by October 1 in even numbered years to the Wisconsin State Organization Nominations Chair. Contact information for the current chair is available on the state website or from your local chapter president. This form is available to download on the Wisconsin State Organization website. Nominations are accepted via electronic or U. S. Mail.