

CONNECTICUT ALPHA DELTA KAPPA  
STATE EXECUTIVE BOARD MEMBER QUALIFICATION/  
APPLICATION FORM FOR 2024-2026 BIENNIUM

OFFICE SOUGHT:

NAME:

ADDRESS:

PHONE NUMBER & EMAIL ADDRESS:

Insert or tape  
photo here.

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CHAPTER/DATE OF INITIATION:

OFFICES/APPOINTMENTS:

CHAPTER LEVEL:

CT STATE LEVEL:

REGIONAL CONFERENCES/INTERNATIONAL CONVENTIONS:

EDUCATIONAL HISTORY:

TEACHING BACKGROUND:

OTHER ORGANIZATIONAL AFFILIATIONS:

COMMENTS (use the back or attach a separate piece of paper if necessary):

Signature of Candidate & Date

Signature of Chapter President & Date

