

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: ☐ Chapter Active ☐ Chapter Honorary

Name of person recommended:

Name:

Address:

Phone Number:

E-mail:

Current position title:

Employer:

Total years as a 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.

Community activities:

Endorsed by one or more members:

Name(s):

Chapter/State:

Dates:

Interviewer:

Chapter/ TSO:

Date of Prospect Meeting:

Sponsor:

Chapter/ TSO:

Date of Prospect Letter:

Signature _____ Date of Initiation: