



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 _____