**THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL**

**ALPHA PHI STATE**

**NOMINATIONS FORM**

**OFFICES REQUIRING NOMINATIONS:**

**President**

**First Vice President**

**Second Vice President**

**Recording Secretary**

**Regional Directors**

**Nomination Committee Members (one [1] from each of the four [4] regions)**

**Instructions:**

1. Type (typewriter, word processor, computer)

2. List most recent information first.

 3. Be concise, specific, and accurate.

4. If additional sheets are needed, place name of nominee on the upper right hand corner of each sheet.

5. Additional Nomination Forms may be photocopied, downloaded from the Alpha Phi website, or secured via email from the following addresses:

**jsharman@frontiernet.net**

**jsh22@yahoo.com**

6. Nomination Forms returned to the chairman via the postal service MUST be postmarked **no later than Monday, January 5, 2015.**

 Nomination Forms returned to the chairman electronically must be sent to BOTH email addresses:**jsharman@frontiernet.net**

**jsh22@yahoo.com**

**no later than Monday, January 5, 2015.**

7. Include a recent, wallet size/school type, picture of the nominee with this form.

(No snapshots please.)

**Mail Completed Nomination Form to:** Jo Ann Harman 5294 Patterson Creek Road Lahmansville, WV 26731

**All Nomination Forms are due, or postmarked,**

**no later than Monday, January 5, 2015.**

**THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL**

**ALPHA PHI STATE**

**NOMINATION FORM**

**Offices requiring nomination:**

**President**

**First Vice President**

**Second Vice President**

**Recording Secretary**

**Regional Directors (one [1] from each of the four [4] regions)**

**Nomination Committee Members (one [1] from each of the four [4] regions)**

OFFICE TO BE FILLED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF NOMINEE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Dr., Miss, Mrs., Ms.) First Name Middle Initial Last Name

Complete Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chapter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRESENT PROFESSIONAL POSITION: (include years of service) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROFESSIONAL EXPERIENCE: (include years of service)

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EDUCATIONAL BACKGROUND:

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DELTA KAPPA GAMMA EXPERIENCE: (Chapter, State, International)

**Chapter Experience:** Number of years a member\_\_\_\_\_\_\_\_

 Offices: (include years of service)

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Committees: ( serving only as chairman ) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **State Experience:**

Offices: (include years of service) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committees:

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**International Experience:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHAPTER AND STATE HONORS AND AWARDS RECEIVED: (include year received)

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COMMUNITY AND/OR PROFESSIONAL ORGANIZATIONAL SERVICE: (Leadership Roles, offices held, in church, civic, professional, and service organizations, etc.)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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POTENTIAL NOMINEE: WHAT QUALIFICATIONS DO YOU BRING TO THIS POSITION? (describe in 75 words or less)

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PERSON(S) OR CHAPTER MAKING THIS NOMINATION: (include name, chapter, and complete address)

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NOMINEE, PLEASE ATTACH A RECENT WALLET SIZE/SCHOOL TYPE, PHOTO

 **Nomination Form must be postmarked or sent electronically no later than Monday, January 5, 2015 to:** **Jo Ann Harman 5294 Patterson Creek Road Lahmansville, WV 26731** **jsharman@frontiernet.net****jsh22@yahoo.com**