**THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL**

**WEST VIRGINIA STATE**

**NOMINATION FORM**

**OFFICES REQUIRING NOMINATIONS:**

**President**

**First Vice President**

**Second Vice President**

**Recording Secretary**

**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. A nominee may complete the form herself

5. The supporting chapter or person’s contact information should be included on this application form.

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

7. Additional Nomination Forms may be photocopied, downloaded from the West Virginia State website ([www.dkgwv.org](http://www.dkgwv.org)) , or secured via email from glendawait@hotmail.com.

8. Nomination Forms returned to the chairman via USPS MUST be **postmarked\_no later than Monday, January 6, 2025.**

 Nomination Forms returned to the chairman electronically must be sent to the following email address:

**glendawait@hotmail.com**

**no later than 11:59 p.m. Monday, January 6, 2025.**

9. Include or send electronically a recent, wallet size/school type, picture of the nominee with this form.

(No snapshots please.)

**Mail Completed Nomination Form to:**

Dr. Glenda Wait

XI Chapter DKG

151 Hawks Chase Lane

Daniels, WV 25832

**All Nomination Forms are due electronically or postmarked by 11:59 p.m. on Monday, January 6, 2025.**

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**WEST VIRGINIA STATE**

**NOMINATION FORM**

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**President**

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**Recording Secretary**

**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 at this position.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PROFESSIONAL EXPERIENCE: (Include years of service at each position.)

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EDUCATIONAL BACKGROUND:

|  |  |
| --- | --- |
| College/University - Location | Degree |
|  |  |
|  |  |
|  |  |

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

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

 Offices: (Include years of service.)

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Committees: (Include only those as committees chair.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **State Experience:**

Offices: (Include years of service.) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Committees: (Include appointments to all state committees.)

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

**International Experience:**

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

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COMMUNITY AND/OR PROFESSIONAL ORGANIZATION SERVICE: (Include leadership roles, offices held, projects developed in church, civic, professional, and service organizations, etc.)

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

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PERSON(S) OR CHAPTER SUPPORTING/MAKING THIS NOMINATION: (Include name, chapter, and complete address. Write two or three sentences about why you recommend this person.)

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

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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 6, 2025 to:**

**Dr. Glenda Wait**

**XI Chapter, DKG**

**151 Hawks Chase Lane**

**Daniels, WV 25832**

**glendawait@hotmail.com**