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 the 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) , or secured via email from the Nominations Committee Chairman.
8. Nomination Forms returned to the chairman via USPS MUST be **postmarked no later than Wednesday, January 6, 2027.**

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

grantham1@frontiernet.net
no later than 11:59 p.m. Wednesday, January 6, 2027.

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:

Peggy Grantham
2517 South Childs Road
Kearneysville, WV 25430

All Nomination Forms are due electronically or postmarked by 11:59 p.m. on Wednesday, January 6, 2027.

THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL
WEST VIRGINIA STATE ORGANIZATION

NOMINATION FORM
Offices requiring nomination:
President
First Vice President
Second Vice President
Recording Secretary
Nomination Committee Members (one [1] from each of the four [4] regions)

OFFICE TO BE FILLED: _____

NAME OF NOMINEE:

_____
Title First Name Middle Initial Last Name

Mailing Address: _____

_____
City State Zip Code

Telephone: _____

Email address: _____

Chapter _____

PRESENT PROFESSIONAL POSITION
Include years of service at this position.

_____

PROFESSIONAL EXPERIENCE
Include years of service at each position.

EDUCATIONAL BACKGROUND

College/University - Location	Degree or Certificate

DELTA KAPPA GAMMA EXPERIENCE

Chapter Experience: **Number of years a member_____**

Offices: (Include years of service.)

Committees: (Include only those as committees chair.)

State Experience:

Offices: (Include years of service.)

Committees: (Include appointments to all state committees.)

International Experience:

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

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

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

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.)

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

Nomination Form must be postmarked or sent electronically no later than

Wednesday, January 6, 2027 to:

Peggy Grantham
2517 South Childs Road
Kearneysville, WV 25430

grantham1@frontiernet.net