INTERNATIONAL SOCIETY FOR KEY WOMEN EDUCATORS
DELTA KAPPA GAMMA™
Ohio State Organization GAMMA THETA CHAPTER

Recommendation for Membership

Instructions:

Please complete and return this form to the Membership Committee. For information about qualifications for membership in The Delta Kappa Gamma Society International, refer to sections on membership on the Website at www.gammathetaohio.org

Type of membership: Check the one that applies:

_____Active _____Reserve _____Honorary_____ Collegiate_____Global_____Affiliate

_____

(Title) (First) (Middle) (Last)

_____

(Street, Route, P.O. Box)

_____

(City, State Country)

(E-Mail Address)_____(Telephone Number)_____
(FAX Number)_____

Current position title: _____

Employer: _____Total years as professional educator _____

Highest educational degree granted: _____ Year: _____ Field: _____

Professional accomplishments: Include items such as professional development presentations, campus or department leadership roles, published materials, offices in other organizations, honors and/or awards. (A brief professional resume may be attached to this application.)

Community activities:

Endorsed by one or more members:

_____

Signature Chapter State Date

Signature Chapter State Date

Return to: Terri Martin
97 Grand Harbor Dr.
Grand River, Ohio 44045
-or- martin4t90@gmail.com