



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*.

Type of membership: Chapter Active Chapter Honorary

Name of person recommended (prospect):

Name _____

Address _____

Phone Number _____

E-mail _____

Current position title: _____

Employer: _____

Total years as a professional educator: _____

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

Professional accomplishments: Include items such as professional development presentations, campus or departmental leadership roles, published materials, offices in other organizations, honors, and/or awards.

Community activities:

Endorsed by one or more members:

Name _____

Chapter/State Alpha Zeta, NC

Dates

Required Sponsor _____

Interviewer

Chapter/State Org

Date of Prospect Meeting

Recommender

Chapter/State Org

Date of Prospect Letter

Signature of Initiate _____

Date of Initiation