

## **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: Acti	ve  Collegiate				
Name of person recommended	l (prospect):				
Name:					
Address:					
Preferred Phone Number:					
Preferred E-mail:	Preferred E-mail:				
Prospective Active Members:					
Current position title: Employer: Highest educational d	egree granted:		Year:	Field:	
Prospective Collegiate Members:					
Name of Educational Anticipated graduation					
What do you want others to kn	ow about you as an E	ducator or future Ec	lucator?		

What else do you want others to know about you? (Such as personal interests, hobbies, community involvement, etc.)

Sponsor:

Name:

Chapter/State Org:

Date of Prospect Meeting:

Signature of Applicant \_\_\_\_\_

Date of Induction