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**Alpha Sigma State - Washington**  
**The Delta Kappa Gamma Society International**  
**State Nomination Form**

Name of Nominee  
Title      First Name      Middle      Last Name

Permission must be secured from member before submitting her name.

Member of      Chapter

Date Initiated into Delta Kappa Gamma:      Name of Chapter and State

Nominated for(Check appropriate section):

- President      First Vice President      Second Vice President      Secretary
- Nomination Committee (3-year term)      Trustee for Rachel Royston Perm Schol. Foundation (5-year term)

Nominated by

	Name	Street	City	Zip	Phone
School Address of Nominee					
	Street	City		Zip	Phone
Home Address of Nominee					
	Street	City		Zip	Phone

Email of Nominee

Please supply the following information on a separate page.

1. Education Data:
 

College or University	Dates Attended	Degree	Major/Minor Fields
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2. Present position or retired.
3. Other teaching or administrative position recently held.
4. Does member attend:
 

Regularly	Occasionally
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 Chapter meetings  
 Area meetings  
 State meetings  
 Regional meetings  
 International meetings

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Nomination Committee (3-year term)      Trustee for Rachel Royston Perm Schol. Foundation (5-year term)

Nominated by	Name	Street	City	Zip	Phone
School Address of Nominee	Street	City	Zip	Phone	
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- Chapter meetings
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Nomination Committee (3-year term)

Nominated by

Name      Street      City      Zip      Phone

School Address  
of Nominee

Street      City      Zip      Phone

Home Address  
of Nominee

Street      City      Zip      Phone

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