This form is interactive and saveable. Save it to your computer. Then open it and type your info and save it to your computer.

| THERNATIONAL SOCIETY<br>FOR KEY WOMEN EDUCATORS             |   |                      | Washington State Organization<br>The Delta Kappa Gamma Society International<br>State Nomination Form |                           |              |           |                    |
|---|---|----------------------|---|---------------------------|--------------|-----------|--------------------|
| Nai   | me of Nominee   | Title                | First Name  |                           | Middle       | L         | ast Name           |
| Per   | mission must be   | e secured fro        | om member l   | before submitt            | ing her name | 2.        |                    |
| Me  | mber of   |                      | Cl  | hapter                    |              |           |                    |
| Date Initiated into Delta Kappa Gamma:                      |   |                      |   | Name of Chapter and State |              |           |                    |
| No  | minated for(Che   | ck appropri          | ate section):   |                           |              |           |                    |
| President I   |   | First Vice President |   | Second Vice President     |              | Secretary |                    |
|   | Nomination Committee (3-year term)  |                      |   |                           |              |           |                    |
| Nominated by<br>School Address                              |   | Name                 |   | Street                    | City         | Zip       | Phone              |
|   | Nominee   | Cture et             |   | City                      |              | 7:        | Dhana              |
| Home Address<br>of Nominee                                  |   | Street               |   | City                      |              | Zip       | Phone              |
|   |   | Street               |   | City                      |              | Zip       | Phone              |
| Em  | ail of Nominee  |                      |   |                           |              |           |                    |
| Ple   | ase supply the fo   | ollowing inf         | ormation on   | a separate pag            | e.           |           |                    |
| 1.  | Education Data:<br>College or University  |                      |   | Dates Attended            |              | Degree    | Major/Minor Fields |
| 2. Present position or retired.                             |   |                      |   |                           |              |           |                    |
| 3. Other teaching or administrative position recently held. |   |                      |   |                           |              |           |                    |
| 4.  | . Does member attend: Regularly<br>Chapter meetings<br>Area meetings<br>State meetings<br>Regional meetings<br>International meetings |                      | gularly   | Occasionally              |              |           |                    |

- 5. List the offices this person has had the opportunity to hold in the Delta Kappa Gamma Chapter Level/Date State Level/Date International Level/Date
- 6. List the committees which this person has had the opportunity to chair.<br/>Chapter Level/DateInternational Level/Date6. List the committees which this person has had the opportunity to chair.<br/>International Level/DateInternational Level/Date
- 7. List other contributions of work to chapter, state, regional, and international levels of Delta Kappa Gamma
- 8. List professional organizations of which nominee is a member and offices held or committees she has served as chair.
  Name of organization
  Office held
  Date
- 9. List other valuable contributions to education.
- 10. List positions in and contributions to community organizations.
- 11. List the personal qualities of the nominee which contribute to her qualifications for a state office.

Signed by:

President of Nominating Chapter

Chair of Chapter Nominations Committee

Signatures of three other Delta Kappa Gamma members and positions they hold in this society:

Send to Liz Friedrich 3512 S Irby St Kennewick, WA 99337 509-539-5413 (c) 509-783-6223 (h) mfriedrich2@charter.net By December 1, 2022