# The Delta Kappa Gamma Society International
# Oregon State Organization
OFFICIAL NOMINATION FORM

Office: (Check one)

State President _____ Finance Member, District _____

Vice President _____ Nominations Committee, District _____

Secretary _____

Name of Nominee: _____

Address: _____

Telephone: _____ Email: _____

Has the nominee agreed to have her name submitted? _____

Delta Kappa Gamma Chapter: _____

Present Professional Position: _____

Professional Experience: _____

_____

Educational Background: _____

_____

Delta Kappa Gamma experience and dates:

1. Chapter:

2. State:

3. Regional:

4. International:

Active memberships and offices held in professional organizations with dates included:

Honors, awards, recognitions with dates:

Special interests, community and organizational services:
(Hobbies, church, civic, service clubs, volunteer work)

Submitted by:_____

Address:_____

Phone number:_____ Email:_____

Chapter:_____ Date:_____

An individual or chapter may nominate a member. Secure the permission of the nominee. Complete an official nomination form for each person nominated. Letters with pertinent information supporting the official recommendation may be submitted.

Forms must be received postmarked by December 15, 2026.

Mail to: Debbie Wells
16195 NW Spyglass Dr.
Beaverton, OR 97006