



INTERNATIONAL SOCIETY FOR KEY WOMEN EDUCATORS
DELTA KAPPA GAMMA

Date:

To:

President of

Chapter

(or Chairman of Coordinating Council)

A member of our chapter is moving to your area and she would like to maintain her affiliation with the Society. She has a transfer form and has been informed that it is her responsibility to apply to connect with the chapter treasurer to complete the transfer. We would like to make this process as easy as possible for her.

Please contact this member and invite her to one of your chapter meetings. We know she is interested in making new friends, and your chapter will be a wonderful place to start! We are very eager for her to find a new chapter and transfer promptly so that she will continue her membership in our Society. Her contact information is below:

Name:

Address:

(Street, RR, or PO Box)

(City)

(State/Country)

(Zip/Postal Code)

Telephone:

E-mail:

Thank you for your assistance!

Sincerely yours,

(Chapter President/Membership Chairman)

(Street, RR, or PO Box)

(City)

(State/Country)

(Zip/Postal Code)

(Chapter)

(Telephone)

(E-mail)