



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, 2022.

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