



Chapter Member Information Form

Instructions:

Please complete and submit to the chapter membership chair. For information about qualifications for membership in The Delta Kappa Gamma Society International, refer to sections on membership in the *Constitution* and the *International Standing Rules*.

Type of membership: ☐ Active ☐ Collegiate

Name of person recommended (prospect):

Name:

Address:

Preferred Phone Number:

Preferred E-mail:

Birthdate
(mm/dd/yyyy):

Prospective Active Members:

Current position title:

Employer:

Highest educational degree granted:

Year:

Field:

Prospective Collegiate Members:

Name of Educational Institution:

Anticipated graduation year:

What do you want others to know about you as an Educator or future Educator?

What else do you want others to know about you? (Such as personal interests, hobbies, community involvement, etc.)

Sponsor:

Name:

Chapter/State Org:

Date of Prospect Meeting:

Signature of Applicant

Date of Induction