

Recommendation Form for Nominations

**Officers
Finance Committee and Nominations Committee**

Please complete a recommendation form/self-nomination form for each person interested in serving as an officer or member of an elected committee.

Important: Please mail or send electronically **no later than** _____-to:

Nominations Chair

Name _____ Chapter _____ Initiation Date _____

Address _____

Home Telephone _____ Cell/ Work Telephone _____

Present Professional Position _____

Present Delta Kappa Gamma Position _____

Professional experience/resume (May attach up to two additional sheets if needed.)

Experiences that contribute to office sought _____

DKG Vermont Experience:

a. Chapter _____

b. State _____

- c. Regional (Conferences and years attended; number of days participated in general sessions)

- d. International (Conventions and years attended; number of days participated in general sessions)

Position Recommended for Nomination (Circle One)

First Vice President

Second Vice President

Recording Secretary

Finance Committee

Nominations Committee

****The First Vice President automatically moves up to Presidency****

Submitted by: _____

Recommended and approved by:

Chapter President _____

Note: Permission of the person must be secured before her name is recommended for nomination.