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| |  |  | | --- | --- | |  | **MISSISSIPPI STATE ORGANIZATION** |   **Recommendation For Elected State Office**  Fill in the information below for the individual whom you are recommending for office. See the Society Business Committees, Nominations Committee, section of the *Policies and Procedures Manual* for qualifications for office.  Date\_\_\_\_\_\_\_\_\_\_\_  Recommended Elected Office\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Chapter\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Number of years as a Delta Kappa Gamma member \_\_\_\_\_\_\_  List Delta Kappa Gamma experience at the chapter level **and the dates of participation**  List Delta Kappa Gamma experience at the state/district level **and the dates of participation**  List Delta Kappa Gamma experience at the regional level **and the dates of participation**  List Delta Kappa Gamma experience at the international level **and the dates of participation**  Present professional position and years  Other professional experience  Educational background (be specific)  Community service  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **Signature** and **chapter** of member making the recommendation or, in the  case of a chapter nomination, the chapter president’s signature and chapter  Recommendations for state office shall be submitted to the chair of the state Nominations Committee and must be postmarked by **September 1 of even-numbered years.** (See chapter yearbook for name and address of Nominations Committee Chair.) |