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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 yearsOther professional experienceEducational background (be specific)Community service **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Signature** and **chapter** of member making the recommendation or, in thecase of a chapter nomination, the chapter president’s signature and chapterRecommendations 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.) |