

DUE DATE:
RECEIVED BY NOVEMBER 1, 2016

**THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL
CALIFORNIA STATE ORGANIZATION**

**Recommendation Form for Appointment to a California State Organization Committee
or Area Director by the 2017-2019 California State Organization President**

To be completed by the recommending member. Please use a separate form for each recommendation submitted. Limit to one page per recommendation.

_____ I recommend the following past Chapter President for possible appointment as Area Director for Area _____.

_____ I recommend the following California State Organization member for possible appointment to a California State Committee: _____

Name _____ Area _____ Chapter _____

Address _____ City _____ Zip _____

Phone: _____ / _____ / _____
(Home) (Work) (Cell)

E-mail address: _____

Current Educational Position/Brief Background:

Delta Kappa Gamma Experience:

Other Organizational Affiliations:

Strengths – Skills – Talents

Technology Skill Level: Low _____ 1 _____ 2 _____ 3 _____ 4 High

Is the member aware of this recommendation? Yes _____ No _____

Is the candidate willing to accept any other position? Yes _____ No _____

Submitted by: Signature: _____ Area: _____ Chapter _____

Print Name: _____

Phone: _____ E-mail _____
Please email or mail completed form to: Sandra Carder

Nominations Chairperson

1724 Deerfield Drive

Yuba City, CA 95993

scnominations2016@gmail.com

January, 2016