THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL
CHI STATE

ORDER OF THE ROSE QUALIFICATION FORM

The Order of the Rose should be awarded to: _____ _____
(Chapter) (Area)

Total Initiates/Transferees/Reinstatements: 4/1/08 through 3/31/09 _____

Names of initiates: _____

_____

_____

Initiation Date: _____

Transfer Members: _____

_____

Reinstatements: Give name and date of reinstatement: _____

_____

I guarantee that my Chapter Treasurer will send the yellow initiate cards and the green reinstated member cards to the Chi State Office. Our Chapter recognizes that these women are not members and will not receive any publications until these cards have been processed.

Chapter President's Signature _____

E-Mail Address: _____

Chapters that had initiations and qualified last spring but were not honored may apply.

Send to: **Lisa Jipson**
2333 Pine Street
Hanford, CA 93230
Email: corjip56@yahoo.com

Applications must be received by April 1, 2009. Applications that are received after this date will be processed next year. Applications will be acknowledged either by email or phone within a week of receipt. It is the Chapter President's responsibility to follow up on any unacknowledged applications by contacting Lisa Jipson at the above email address or at (559) 582-4866.