

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 of FIVE Initiates/Transferees/Reinstatements is **due on or before April 15, 2010 to Pat Fountain, Order of the Rose, Chairman.** Please use email.

Names and dates of initiates:

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: _____

Email Address: _____

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

**Send to: Pat Fountain
11301 Hannum Ave.
Culver City, CA 90230-6128
Home: 310.398.0295 Cell: 310.749.2330
Email: pfoun69888@aol.com**

Applications must be received by April 15, 2010. 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 Pat Fountain at the above email address or at 310.398.0295.