

**The Delta Kappa Gamma Society International
Chi State**

**Recommendation Form for Appointment to a Chi State Committee
or Area Director by the 2011-2013 Chi State President**

To be completed by the recommending member. Please use a separate form for each recommendation submitted.

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

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

Name _____ Area _____ Chapter _____

Address _____ City _____ Zip _____

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

E-mail address: _____

Current Educational Position and Background: _____

Delta Kappa Gamma Experience: _____

Other Organizational Experience: _____

Strengths – Skills – Talents: _____

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 mail completed form to: Marilyn Stalder-Burke
Chi State President
Chi State Education Center
808 University Avenue
Sacramento, CA 95825-6723

Must be postmarked no later than **November 1, 2010**