

ALPHA ALPHA STATE, PENNSYLVANIA

**Nomination for State Level Elected Office/Committee**

**Instructions:** Please complete a nomination form for each person whom you wish to nominate. This form may be copied. Additional forms are available from the Alpha Alpha State website.

**Deadline:** Please send completed form(s) by US Postal Service **postmarked on or before October 7. 2013:**

Susan Stamm

2 Staffordshire Court

Grove City, PA 16127

724-748-5326 (H)

412-260-7080 ©

**\*\*\*\*\*\*\*\*\*\*Please include as much information as possible\*\*\*\*\*\*\*\*\*\***

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Home Telephone Work Number Fax E-mail

PRESENT PROFESSIONAL POSITION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRESENT POSITION(S) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*\*\*\*\*\*An attached sheet may be used.\*\*\*\*\*\*\*\***

DELTA KAPPA GAMMA EXPERIENCE (With dates--starting with the most recent)

International \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Regional \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State Organization \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chapter **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

PROFESSIONAL EXPERIENCES AND HONORS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SKILLS AND EXPERIENCES RELEVANT TO THE POSITION\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\*\*\*\*\*\*\*A 4” x 6” Photo of the Nominee must be included with this form.\*\*\*\*\*\*\*\***

**STATE ORGANIZATION ELECTED**

**OFFICES AND COMMITTEE RESPONSIBILITIES**

**TWO-YEAR TERMS**

**President -** The President shall perform those duties prescribed in the CONSTITUTION, ARTICLE VI.

**First Vice President** - In addition to the duties prescribed in the CONSTITUTION, ARTICLE VI, the First Vice President shall serve as the Chairman of the Program of Work for Educational Excellence.

**Second Vice President -** In addition to the duties prescribed in the CONSTITUTION, ARTICLE VI, the Second Vice President shall serve as the Chairman of the Membership Committee.

**Recording Secretary -** The Recording Secretary shall keep minutes of all meetings of the State Executive Board, business sessions of the State Convention and all State Officers’ meetings.

**Corresponding Secretary -** The Corresponding Secretary shall prepare and distribute the State Directory and official communications as directed by the State President.

**FOUR-YEAR TERMS**

**Finance Committee Member -** The Finance Committee shall: Prepare the budget and present it for review, modification, and adoption by the State Executive Board; supervise all expenditures from the permanent fund; supervise all investments of the funds; provide for an annual financial review; perform all other duties determined by the Executive Board.

**Nominations Committee Members -** The Nominations Committee shall: Communicate with Chapter Nominations Chairmen; solicit recommendations for offices from chapters and individual members; present to the State Organization in odd-numbered years a slate of one candidate for each elected office and prepare the ballot for election; send a biographical sketch of each candidate to the State Editor for inclusion in *The Keystonian;* submit to the International Nominations Committee any recommendations for elected International Offices or committees in even-numbered years.

**NOMINATED FOR THE FOLLOWING STATAE ORGANIZATION ELECTEED OFFICE OR COMMITTEE IN ORDER OF PREFERENCE:**

A. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

B. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

C. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SUBMITTED BY:**

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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PHONE(S)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHAPTER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

POSITION IN DELTA KAPPA GAMMA \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_