



## Report of the Death of a Member

### **Instructions:**

This report is to be prepared by the chapter president immediately upon the death of a member. A copy is to be sent to each of the following:

Membership Services Administrator, P.O. Box 1589, Austin, TX 78767-1589, Email: mem@dkg.org

State Organization Treasurer

State Organization Membership Chair (or Necrology Chair, where applicable)

Chapter  State (Geographic Name)

DKG Member Identification Number  Date of Death

Name of Deceased Member      
 (Title) (First) (Middle) (Last)

Residence at Time of Death   
 (Street, R.F.D., P.O. Box)

(City) (State) (Zip)

(Country)

### **Delta Kappa Gamma Society and Professional Information**

Date of initiation

Contributions to/participation in Delta Kappa Gamma:

Contributions to education:

Name and address of closest relative (specify relationship) or friend:

*Hard copies are available upon request. Use Form 1 to order copies.*