The Delta Kappa Gamma Society International
Pi (New York) State

Application Form

Pi State Officer Nomination/Application

This nomination/application is for the Pi State Office of *(Check One)***:**

_____ President
_____ First Vice President
_____ Second Vice President
_____ Secretary

Please note: **Nominees for President must submit a mission statement defining her vision or goals for her biennium, not to exceed 250 words.**

Applications must include a photograph for use in Awards programs, *Pi Lights* and on State website. The photograph may be sent electronically to *Chair of the Nominations Committee* Dr. Valerie Lagakis, valerie.lagakis@gmail.com or a print included with the application.

Letters of Support for Pi State Officer Nominations must be received by the *Chair Nominations Committee* Dr. Valerie Lagakis by November 15th.

Nominees for Pi State Officers will have their photographs and biographies included in the winter issue of *Pi Lights* and on the website and will be voted on by the Executive Board at the Pi State Convention.

All sections of the application must be completed in order to be considered. **Applications with all supporting documents must be postmarked by November 15th to the *Chair of the Nominations Committee* Dr. Valerie Lagakis, 56 Tain Drive, Great Neck, 11021, 516.504.5368, valerie.lagakis@gmail.com.**

(*Please Print or Type*)

Date: _____

Name: _____

Chapter: _____ **Area:** _____ **Initiation Date:** _____

Address: _____

_____

_____

Phone: _____ **FAX:** _____

Email address: _____

Present Chapter Position: _____

Present State Position: _____

Delta Kappa Gamma Experience (include Chapter, Area, State, Regional, International)**:**

_____
_____
_____
_____
_____
_____
_____

Professional Experience: _____
_____
_____
_____
_____
_____
_____

Educational Background: _____
_____
_____
_____
_____
_____

Community or Organizational Service (Church, Civic, service clubs)**:**

_____
_____
_____
_____
_____

Special Interests: _____
_____
_____
_____
_____
_____

Please use additional sheets if needed.

Date: _____ **Submitted by:** _____

Title: _____ **Chapter:** _____ **Area:** _____

PLEASE NOTE: Nomination/application, mission statement if President, photograph and all supporting documents and letters of support must be sent to *Chair of the Nominations Committee* and **postmarked no later than November 15th.**

Dr. Valerie Lagakis
56 Tain Drive
Great Neck, NY 11021

valerie.lagakis@gmail.com