

FOR MEMBERSHIP CHAIRMAN'S USE

- 1. **DO NOT** send to Headquarters
- 2. Complete for each prospective new member
- 3. Use boxes below for record keeping purposes
- 4. Keep in your chapter files



ALPHA DELTA KAPPA

International Honorary Organization for Women Educators

**PROSPECTIVE NEW MEMBER RECOMMENDATION
FOR CHAPTER USE ONLY**

Refer to the International Bylaws, Article III, Section 4

I am recommending the following educator for membership:

NAME _____ Telephone _____
Area Code

HOME ADDRESS _____
Number and Street City State/Province/Nation Postal Code

E-MAIL ADDRESS _____

Refer to the International Bylaws, Article III, Section 2

Circle one: Currently employed in education OR Retired and engaged in education

Place of Employment _____

Years of Teaching Experience _____ Field _____

Colleges and Universities Attended _____

Degree(s) Received _____

Certification _____

Signature of active member sponsoring this prospective new member: _____

Signatures of active members of the chapter endorsing this prospective new member:

- 1. _____
- 2. _____

THIS FORM IS FOR CHAPTER TRACKING USE ONLY – DO NOT SEND TO HEADQUARTERS.

Check when appropriate forms/fees have been completed and sent to International Headquarters:

_____ H-103 Membership Application/Report of Initiation Form and Fee sent on _____

Date of Initiation _____