

STANDING RULES  
ALPHA ETA STATE NOMINATIONS

1. Permission must be secured from a member before her name is submitted for nomination for any elected position.
2. An official recommendation form for nominations must be completed for each member recommended. If a member is recommended for a position, this member could be considered for another position.
3. Criteria for the selection of state nominees:
  - a. The president:
    - (1) should have served as chapter president
    - (2) should have state committee experience
    - (3) should have familiarity with the work of the state Executive Board
    - (4) should have attended and participated in state, regional, and international meetings
    - (5) should have interest in and time for the position
    - (6) should have organizational ability and ability to delegate
    - (7) should be able to speak well and to communicate effectively.
  - b. The vice-presidents:
    - (1) should have served as chapter president
    - (2) should have state committee experience
    - (3) should have attended and participated in state and regional meetings
    - (4) should have interest in and time for the position
    - (5) should have organizational ability
    - (6) should be able to speak well and to communicate effectively.
  - c. The secretary
    - (1) should have experience in taking minutes
    - (2) should have knowledge of the state organization
    - (3) should have interest in and time for the position
    - (4) should have attended and participated in state and district meetings.
  - d. The district directors
    - (1) should have served as chapter president
    - (2) should have organizational ability
    - (3) should know their districts and be able to represent the member chapters
    - (4) should have served on a state committee
    - (5) should have attended and participated in state and district meetings.
  - e. Members of elected committees should have chapter and committee experience in areas for which they are nominated.
4. Guidelines for the submission of recommendations to the state Nominations Committee
  - a. The responsibility for chapter-supported recommendations rests with their Executive Board
  - b. Permission of the person must be secured before her name is recommended for nomination
  - c. An official recommendation form for nominations must be completed for each person recommended, with careful attention given to the following points:
    - (1) the office for which the person is being recommended should be stated
    - (2) the person recommended should be qualified for the work of the position
    - (3) the member's Delta Kappa Gamma experience should be accurately stated, including specific positions and dates served
    - (4) evidence of the member's leadership and personal qualities fitting her for the position should be shown
    - (5) the recommendation form should be sent to the chairman of the state Nominations Committee within the deadline
    - (6) it should be clearly indicated in the space provided by whom the person is recommended - by an individual member, by a chapter, or by more than one of these.

**THE DELTA KAPPA GAMMA SOCIETY INTERNATIONAL  
ALPHA ETA STATE**

**OFFICIAL RECOMMENDATION FORM FOR NOMINATIONS TO STATE OFFICE**

Click on the box to the left of the office/committee for which the nomination is being made.

President

Secretary

1<sup>st</sup> Vice President

District Director

2<sup>nd</sup> Vice President

Nominations Committee

Name of Nominee: Miss \_\_\_\_\_  
Mrs. \_\_\_\_\_  
Ms. \_\_\_\_\_  
Dr. \_\_\_\_\_

Address: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
\_\_\_\_\_

Delta Kappa Gamma Chapter: \_\_\_\_\_

Present Professional Position: \_\_\_\_\_

Professional Experience and Honors:

Educational Background (be specific):

Community or Organizational Service (church, civic, service-clubs, etc.):

Expertise/Qualifications for this Office (Refer to the attached copy of standing rules):

Indicate below the nominee's level of participation:

Level	Attendance Record (number)	Offices Held	Other Participation (Committees, Presenter, Recorder, Chorus, etc.)
Chapter			
State			
Regional			
International			

Complete the appropriate column below:

**Recommendation by:**

**MEMBER RECOMMENDATION**

Chapter: \_\_\_\_\_

Signature: \_\_\_\_\_  
(Member)

Address: \_\_\_\_\_  
\_\_\_\_\_

**CHAPTER RECOMMENDATION**

Chapter: \_\_\_\_\_

Signature: \_\_\_\_\_  
(President)

Address: \_\_\_\_\_  
\_\_\_\_\_

Position in Delta Kappa Gamma: \_\_\_\_\_

Date: \_\_\_\_\_