

Member Nomination Form

Thank you for your nomination. Please complete the following questions to the best of your ability so that we may follow up accordingly.

1. Full Name
2. Chapter of Initiation
3. Email and Phone Number
4. Are you in good standing?

Yes
No (please [pay your annual per capita dues here](#))
5. Full Name of the person you are nominating
6. Email and phone number of the person you're nominating
7. Position for which you are nominating this person
8. Is this person in good standing?

Yes
No
Unsure (please do not follow up; we will confirm)
9. Is this person aware of your nomination?

Yes
No
I am unsure, but will alert them

Signature

Date

Note: Two member nominations are required.

You will receive a confirmation of receipt from tracey@deltagamma.org within 24-48 business hours.