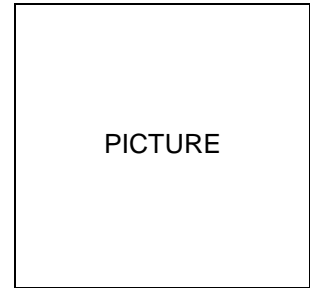


**NATIONAL KAPPA KAPPA IOTA
NOMINATION FORM FOR NATIONAL OFFICE**

I. NAME OF NOMINEE _____
OFFICE CONSIDERED _____
MAILING ADDRESS _____
CITY/STATE/ZIP _____
TELEPHONE _____ EMAIL _____



II. AT THE _____ MEETING OF _____,
(date) (local chapter)
_____ WAS APPROVED AS A NOMINEE FOR THE NATIONAL OFFICE
(name)
OF _____ FOR THE 20__ - 20__ YEAR.

(signature of local Chapter President) (date)

(signature of local Chapter Recording Secretary) (date)

III. AT THE _____ MEETING OF _____,
(date) (state chapter)
_____ WAS APPROVED AS A NOMINEE FOR THE NATIONAL
(name)
OFFICE OF _____ FOR THE 20__ - 20__ YEAR.

(signature of State President) (date)

(signature of State Recording Secretary) (date)

IV. I HEREBY CONSENT TO HAVE MY NAME PLACED IN NOMINATION FOR THE NATIONAL OFFICE OF _____.

I HAVE READ AND UNDERSTAND ALL OF THE RESPONSIBILITIES OF THIS OFFICE. IF ELECTED, I SHALL ENDEAVOR TO FULFILL THESE RESPONSIBILITIES TO THE BEST OF MY ABILITY.

(signature) (date)

* The nomination form must be sent to National Headquarters **postmarked by May 1**. Certified Mail (return receipt) is suggested, as it will be the only means of determining if the form was sent, if a problem arises.

V. PROFESSIONAL PREPARATION (list most recent first)

University or College	Degree date or hours	Major	Minor

VI. EMPLOYMENT HISTORY (list most recent first)

Date(s) employed	Employer	Position

VII. KAPPA INVOLVEMENT

- A. How many years have you been a member of Kappa? _____
- B. How many National Conventions have you attended? _____

C. National Involvement (beginning with the most recent first, list national offices held, national committees chaired, membership on national committees, and national awards received.)

Year

D. State Involvement (Beginning with the most recent first, list state offices held, state committees chaired, membership on state committees, and state awards received.)

Year

