

**Instructions:**

Membership Services Email: [mem@dkg.org](mailto:mem@dkg.org)

State Organization Treasurer

State Organization Membership Chair (or Necrology Chair, where applicable)

## Chapter

State (Geographic Name)

DKG Member Identification Number \_\_\_\_\_ Date of Death \_\_\_\_\_

Name of Deceased Member ☐ Dr. \_\_\_\_\_  
(First) (Middle) (Last)

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Mailing Address

City	State	Zip/Postal Code
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(Country)

## Delta Kappa Gamma Society and Professional Information

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

Contributions to/participation in Delta Kappa Gamma:

Contributions to education:

Name and mailing address of closest relative (specify relationship) or friend:

(Sympathy Card will be mailed on behalf of the Society if reported within 3 months of date of death)