

**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, Sections 2, 3, and 4**

*I am recommending the following educator for membership:*

**NAME** \_\_\_\_\_ **Telephone** \_\_\_\_\_  
(xxx) xxx-xxxx

**HOME ADDRESS** \_\_\_\_\_  
Number and Street City State/Province/Nation Postal Code

**E-MAIL ADDRESS** \_\_\_\_\_

**Select one:**

- \_\_\_\_\_ Currently employed in education  
\_\_\_\_\_ Retired and engaged in education

**Place of Employment:** \_\_\_\_\_

**Address** \_\_\_\_\_  
Number and Street City State/Province/Nation Postal Code

**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.**

Duplicate as needed.

Form H-151 may be printed from the Alpha Delta Kappa International website at

[www.alphadeltakappa.org](http://www.alphadeltakappa.org).