



Report of the Death of a Member

Instructions:

This report is to be prepared by the chapter president immediately upon the death of a member. A copy is to be emailed to each of the following:

Membership Services Email: 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)

Mailing Address

City State Zip/Postal Code

(Country)

Delta Kappa Gamma Society and Professional Information

Date of induction

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)

Hard copies are available upon request from the Society Store.