



Number of Years of Service to KD: \_\_\_\_\_ Voluntary Alumnae Dues-Paying Member?: \_\_\_\_\_

Community Volunteer Service (Indicate name of the volunteer organizations, approximate dates of volunteer service and any offices held/awards received):

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**Please use additional sheets and/or include resume, if necessary.**

Include a letter stating reasons why this member should be considered for the Order of the Emerald.

If awarded, will your nominee be able to attend Convention 2023? (**Not required to attend**) \_\_\_\_\_

Name of Nominating Group: \_\_\_\_\_

Name of President/Chairman: \_\_\_\_\_

**OR** Name of Individual Member Making Nomination: \_\_\_\_\_

Chapter: \_\_\_\_\_ Year Initiated: \_\_\_\_\_

Contact's Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

PR INFORMATION *Name/address of area newspaper(s)*: \_\_\_\_\_

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