|  |
| --- |
| Candidate: Click to enter text |
|  |
| **Please provide your information below.** |
|  |
| Name: Click to enter text |
|  |
| Address: Click to enter text |
|  |
| Phone: Click to enter text | Email:Click to enter text |
|  |  |
| Chapter: Click to enter text | Relationship to candidate:Click to enter text |
|  |
| How long have you known the candidate? Click to enter text |
|  |
| **Candidate Information**Please briefly note examples in order to provide more information about the candidate’s qualifications. |
| Professional interests:Click to enter text |
|  |
| Leadership roles: Click to enter text |
|  |
| Community service:Click to enter text |
|  |
| Other involvement/activities:Click to enter text |
|  |
| Additional notes:Click to enter text |
|  |
| **Recommendation** |
| Please briefly explain why you recommend the candidate for membership in Kappa Kappa Gamma. Click to enter text |